

Social Security Bulletin



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Number 12

**Voluntary Health Insurance and Medical Care
Costs, 1948-56**

**Old-Age, Survivors, and Disability Insurance:
Early Problems and Operation of the
Disability Provisions**

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Social Security in Review

Program Operations

MONTHLY benefits under old-age, survivors, and disability insurance went to 10.8 million persons in September, 113,000 more than in August. All types of benefits shared in the increase. A total of \$584.0 million in monthly benefits was being paid at the end of September—\$7.3 million more than in August.

The number of retired workers receiving old-age benefits exceeded 6 million for the first time in September. By the end of the first 11½ years of monthly benefit payments, 2 million retired workers were receiving old-age benefits; the 4-million figure was reached 4 years later; and the 6-million mark in an additional 2½ years. The rapid growth in recent years in the number of old-age beneficiaries has resulted chiefly from the liberalized insured-status requirements under the 1950 amendments, the extension of coverage under the 1950 and 1954 amendments, and the provision in the 1956 amendments lowering to 62 the minimum retirement age for women. The successive liberalizations in the retirement test provided by the 1950, 1952, and 1954 amendments also contributed to this growth.

By the end of September, 120,000 disabled workers aged 50-64 were receiving benefits at a monthly rate of \$8.7 million. Almost 104,000 of the beneficiaries were receiving full-rate benefits averaging \$80.44 a month. About 17,000 beneficiaries who were also receiving a workmen's compensation benefit or another Federal benefit based on disability—other

than compensation payable by the Veterans Administration for a service-connected disability—had their disability insurance benefit reduced by the amount of such benefit. As a result, their reduced-rate benefits averaged only \$21.03 a month. Benefits for more than 8,000 workers were completely offset by other benefits that they were receiving because of disability.

About 188,000 monthly benefits were awarded in September—16,000 more than in August. The 2.3 million monthly benefits awarded during the first 9 months of the year exceeded by more than a million the number

awarded in January-September 1956 and were almost 950,000 more than the previous record high established in the corresponding period of 1955. Old-age benefit awards in January-September 1957 to retired workers numbered 1.2 million, almost three-fifths more than the previous record set in 1955. New records for the first 9 months of the year were also established for awards of all other types of monthly benefits except those to parents.

In the January-September period, 531,000 lump-sum death payments were made. The number was 17 percent higher than the previous record

	September 1957	August 1957	September 1956
Old-age, survivors, and disability insurance:			
Monthly benefits in current-payment status:			
Number (in thousands)	10,792	10,678	8,648
Amount (in millions)	\$584	\$577	\$457
Average old-age benefit (retired worker)	\$64.31	\$64.22	\$63.25
Average old-age benefit awarded in month	\$69.12	\$69.52	\$69.96
Public assistance:			
Recipients (in thousands):			
Old-age assistance	2,494	2,498	2,512
Aid to dependent children (total)	2,414	2,399	2,228
Aid to the blind	108	109	107
Aid to the permanently and totally disabled..	286	286	263
General assistance (cases)	288	291	281
Average payments:			
Old-age assistance	\$59.10	\$59.19	\$55.25
Aid to dependent children (per family)	97.89	97.08	90.43
Aid to the blind	64.02	64.28	61.12
Aid to the permanently and totally disabled..	59.05	59.34	56.85
General assistance (per case)	55.96	55.85	52.50
Unemployment insurance:			
Initial claims (in thousands)	1,032	842	761
Beneficiaries, weekly average (in thousands) ..	975	1,022	889
Benefits paid (in millions)	\$113	\$121	\$95
Average weekly payment for total unemployment	\$28.64	\$27.87	\$27.77

number awarded in the first 9 months of 1956. About 508,000 deceased workers were represented in these payments. The average lump-sum amount per worker was \$201.07.

● September 1957 completed the first year of operation under the 1956 amendments to the Social Security Act that increased the Federal share in payments under the special types of public assistance. In October 1956—the effective month of the amendments—many States took whatever action was necessary to enable all or part of the additional Federal participation to benefit the recipients. Other States required more time before such adjustments could be effected. Largely as a result of the amendments, total assistance payments under the special types of public assistance rose from \$215 million in September 1956 to \$235 million in September 1957. During the same period, average payments per recipient increased from \$55 to \$59 in old-age assistance; from \$25 to \$26 in aid to dependent children; from \$61 to \$64 in aid to the blind; and from \$57 to \$59 in aid to the permanently and totally disabled.

From August to September, changes in caseloads for the five public assistance programs were small. The only increase occurred in the program of aid to dependent children, where

2,000 more families were receiving assistance in September than in August. Nearly two-thirds of the States reported higher caseloads, but more than a third of the national increase was concentrated in two States—North Carolina and Oregon—that had suspended payments to specified families or children during the summer. In North Carolina, payments were restored during September to families that had an employable member, and in Oregon the agency resumed payments to able-bodied children aged 14 and over.

The total number of recipients of old-age assistance declined by 4,200, with 41 States reporting declines. More than a fourth of the national decrease occurred in Alabama, which to conserve funds recently initiated procedures to reduce both the caseload and the average amount of assistance. Nationally, the drop in the number of persons receiving aid to the permanently and totally disabled was slight; it was significant, however, in that September was only the second month in which a decline had occurred since the beginning of the program in 1950. The earlier decline occurred in November 1955. The unusually high number of States (26) reporting lower caseloads in September undoubtedly reflects to some extent cash disability benefits paid under old-age, survivors, and

disability insurance. Early in August disabled persons aged 50–64 who met specific eligibility requirements pertaining to work history and disability received their first monthly disability benefits, payable for July 1957.

The average payment per recipient in each program remained practically unchanged from August to September in the country as a whole and in most States. Alabama's newly applied restrictions in old-age assistance resulted in a reduction of \$1.00 in the State's average payment to aged recipients. For recipients of aid to the permanently and totally disabled, Mississippi reduced the percent of need met from 69 to 40; the average payment dropped \$5.75.

In Hawaii the average payment per family receiving aid to dependent children declined \$6.17; this decrease represented a return to the average level of payments existing before the inclusion in August of an extra clothing allowance for school children. In the District of Columbia the removal of a \$200 maximum on the amount that could be paid monthly to a family receiving aid to dependent children was primarily responsible for the rise of \$2.93 in the average payment per family.

Substantial changes in average payments in other States were largely the result of fluctuations in vendor

(Continued on page 25)

	September 1957	August 1957	September 1956	Calendar year 1956	1955
Civilian labor force, ^{1 2} total (in thousands)	68,225	68,994	68,069	67,530	65,847
Employed	65,674	66,385	66,071	64,979	63,193
Unemployed	2,552	2,609	1,998	2,551	2,654
Personal income ^{1 3} (billions; seasonally adjusted at annual rates), total	\$346.5	\$346.8	\$331.1	\$326.9	\$305.9
Wage and salary disbursements	241.2	241.7	230.4	227.2	210.3
Proprietors' income	40.7	40.8	39.5	39.6	39.2
Personal interest income, dividends, and rental income	42.1	42.0	40.5	39.8	37.3
Social insurance and related payments	16.1	16.0	13.8	13.5	12.4
Public assistance	2.8	2.8	2.5	2.6	2.5
Other	10.4	10.4	10.0	9.9	9.4
Less: Personal contributions for social insurance	6.8	6.9	5.7	5.7	5.2
Consumer price index, ^{1 4} all items	121.1	121.0	117.1	116.2	114.5
Food	117.0	117.9	113.1	111.7	110.9
Medical care	139.0	138.6	134.0	132.6	128.0

¹ Data relate to continental United States, except that personal income includes pay of Federal personnel stationed abroad.

² Bureau of the Census. Beginning with the 1957 data, two relatively small groups of persons formerly classified as employed ("with a job but not at work") are assigned to different classifications, mostly to the unemployed. The change in definitions lowers the employment estimates by about 200,000-300,000 a

month for recent years and raises the unemployment estimates by almost the same amount.

³ Data from the Office of Business Economics, Department of Commerce. Components differ from those published by the Department, since they have been regrouped; for definitions, see the *Annual Statistical Supplement*, 1955, page 7, table 1.

⁴ Bureau of Labor Statistics.

Voluntary Health Insurance and Medical Care Costs, 1948-56*

The survey of private medical care expenditures and voluntary health insurance, made annually by the Social Security Administration, has special interest this year because of the increased attention being given to mounting medical care costs. In the following article, trends in the relationship of medical care expenditures to disposable personal income and prices are examined, as well as the trends in aggregate expenditures and in per capita expenditures.

MORE than \$12 billion was spent by consumers for medical care in the United States during 1956. This amount is nearly \$1 billion higher than the amount spent in 1955 and is \$4.8 billion more than private medical care expenditures in 1948. It is equivalent to \$71.95 per capita, \$7.43 more than the 1955 expenditures and \$22.20 more than in 1948.

The mechanism of prepayment is being used more and more to finance medical care. About 116 million persons—70 percent of the population—were reported to have some kind of health insurance at the end of 1956. During the year the income received by insurance companies and prepayment plans amounted to \$3.6 billion and accounted for 30 percent of all private expenditures relating to personal health services and supplies. The benefits paid by these carriers and plans represented 26.3 percent of the \$11.5 billion received from private sources by the suppliers of personal health services and supplies.

Annual surveys by the Division of Program Research have covered the extent of health insurance protection against medical care costs during each of the past 9 years. The appraisal technique used has, until this year, not attempted to analyze the factors that influence the total volume of medical and hospital care received by the civilian population. This year, because of the mounting interest in the costs of medical care, the survey explores certain aspects of the relationships among changing medical care costs, increases in pop-

ulation, growth in the number of persons with some form of prepaid medical care, and the rise in personal incomes since 1948.

As in previous years, civilian expenditures for health and the insurance benefits received in connection with the expenditures are considered first, and the trends in the proportion of aggregate civilian expenditures met by insurance benefits examined. These percentage indexes of the Nation's private health bill met through insurance provide a valid comparison of growth in insurance protection, irrespective of population growth or upward trend in incomes and medical costs. Dollars of insurance benefits are measured against dollars of medical care expenditures of the same value.

Aggregate Private Expenditures for Medical Care

Table 1 shows the total annual private expenditure for medical care in the period 1948-56 by the type of service received. Of the \$12.1 billion spent by consumers in 1956, a total of \$8.5 billion represented direct payments to physicians, dentists, nurses, and other practitioners and to hospitals and nursing homes and for medicines and appliances. Health insurance benefits came to more than \$3 billion. To provide these medical care payments through the mechanism of prepayment, individuals themselves and their employers, as a form of wage supplement, spent \$3.6 billion, of which \$600 million was the cost of operating the prepayment plans, adding to reserves, and the like.

There has been a decided shift during the past 9 years in the divi-

sion of the medical care dollar among the items composing the private medical care bill. The largest item in 1956 was hospital care, which represented 34 percent of all private expenditures. Privately financed hospital care took only 25 percent of the Nation's private medical care dollar in 1948. Hospitalization insurance benefits have increased more than fourfold and cover somewhat more than twice as large a proportion of the private hospital bill as in 1948.

Much less expansion occurred in the total amount used to pay for physicians' services, which rose from \$2.3 billion in 1948 to \$3.6 billion in 1956 (table 1). As a proportion of the total medical care bill, physicians' services accounted for 30 percent in 1956, compared with 32 percent in 1948. Insurance benefits for physicians' services, however, have increased nearly sixfold.

Expenditures for the remaining items of the Nation's private medical care bill have also gone up during the 9 years but none of them by as much as \$1 billion. Proportionately, smaller amounts of the medical care dollar were used for medicines and appliances, dentists' services, and so forth than in 1948; since insurance benefits for these items equaled less than \$1 million they are not shown separately in the table.

Insurance Against Medical Care Costs

The growth from 1948 to 1956 in the volume of medical care insurance is shown in table 2. Premium income of all insurance carriers and prepayment plans has increased by more than \$300 million each year since 1950, and in 1956 it rose by \$473 million to a total of \$3,623 million. Benefit payments increased correspondingly; the 1956 total of \$3,015 million was \$479 million higher than the total in 1955.

A word of explanation is needed about the 1956 figure for benefit payments as a percentage of premiums

*Prepared in the Division of Program Research, Office of the Commissioner.

(the loss ratio), shown as 83.2 percent in table 2. For 1956 the Health Insurance Council revised the methodology in its computation of annual data for insurance companies but did not apply the new methodology to the earlier years. In 1956, for the first time, estimated dividends were subtracted from total premiums be-

fore earned premiums were determined. This reduction in the denominator caused an increase in the loss ratio determined for group insurance. Had the same adjustment been made for the earlier years, a less sharp change would have been evident in 1956 in the proportion of the premium dollar returned as bene-

Table 2.—Earned income, benefit payments, and loss ratios for voluntary insurance against the costs of medical care, 1948–56

[Amounts in millions]			
Year	Earned income ¹	Benefit payments	Loss ratio (percent)
1948.....	\$862	\$606	70.3
1949.....	1,016	767	75.5
1950.....	1,291	992	76.8
1951.....	1,660	1,353	81.5
1952.....	1,993	1,604	80.5
1953.....	2,420	1,921	79.4
1954.....	2,756	2,179	79.1
1955.....	3,150	2,536	80.5
1956.....	3,623	3,015	83.2

¹ Represents benefit payments plus expenditures for obtaining prepayment insurance; for detail, see table 1.

Table 1.—Private expenditures for medical care and for voluntary health insurance, 1948–56¹

Expenditure	1948	1949	1950	1951	1952	1953	1954	1955	1956
Amount (in millions)									
Total.....	\$7,300	\$7,581	\$8,209	\$8,715	\$9,336	\$10,009	\$10,491	\$11,209	\$12,091
Direct payments.....	6,438	6,565	6,918	7,055	7,343	7,590	7,735	8,059	8,467
Insurance benefits.....	606	767	992	1,353	1,604	1,921	2,179	2,536	3,015
Expenses for prepayment ²	256	249	299	307	389	498	577	614	609
Hospital services ³	1,859	1,947	2,289	2,477	2,768	3,105	3,378	3,715	4,098
Direct payments.....	1,212	1,240	1,420	1,392	1,462	1,549	1,611	1,697	1,730
Insurance benefits.....	455	539	680	897	1,074	1,273	1,442	1,679	2,022
Expenses for prepayment ²	192	168	189	188	232	283	325	339	346
Physicians' services ⁴	2,300	2,426	2,580	2,684	2,878	3,080	3,218	3,398	3,610
Direct payments.....	2,085	2,117	2,158	2,109	2,191	2,217	2,229	2,266	2,354
Insurance benefits ⁵	151	228	312	456	530	648	737	857	993
Expenses for prepayment ²	64	81	110	119	157	215	252	275	263
Medicines and appliances.....	1,785	1,798	1,885	2,048	2,130	2,192	2,197	2,319	2,497
Dentists.....	833	857	869	888	906	943	975	1,017	1,070
Other professional services ⁶	423	448	476	498	529	559	583	610	646
Nursing homes ⁷	100	105	110	120	125	130	140	150	170
Percentage distribution									
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Direct payments.....	88.2	86.6	84.3	81.0	78.7	75.9	73.7	71.9	70.0
Insurance benefits.....	8.3	10.1	12.1	15.5	17.1	19.2	20.8	22.6	24.9
Expenses for prepayment.....	3.5	3.3	3.6	3.5	4.2	4.9	5.5	5.5	5.1
Hospital services.....	25.4	25.7	27.9	28.4	29.6	31.0	32.3	33.1	33.9
Direct payments.....	16.6	16.4	17.3	16.0	15.7	15.5	15.4	15.1	14.3
Insurance benefits.....	6.2	7.1	8.3	10.3	11.4	12.7	13.8	15.0	16.7
Expenses for prepayment.....	2.6	2.2	2.3	2.1	2.5	2.8	3.1	3.0	2.9
Physicians' services.....	31.5	32.0	31.4	30.8	30.9	30.8	30.6	30.3	29.9
Direct payments.....	28.5	27.9	26.3	24.2	23.5	22.2	21.2	20.2	19.5
Insurance benefits.....	2.1	3.0	3.8	5.2	5.7	6.5	7.0	7.6	8.2
Expenses for prepayment.....	.9	1.1	1.3	1.4	1.7	2.1	2.4	2.5	2.2
Medicines and appliances.....	24.5	23.7	23.0	23.5	22.8	21.9	20.9	20.7	20.7
Dentists.....	11.4	11.3	10.6	10.2	9.7	9.4	9.3	9.1	8.8
All other.....	7.2	7.3	7.1	7.1	7.0	6.9	6.9	6.8	6.7

¹ Except where otherwise noted, data are from the Department of Commerce, *1955 National Income Supplement to Survey of Current Business*, table 30, and *Survey of Current Business*, July 1957, table 30. Consumer expenditures include employer contributions to health insurance premiums. Excludes medical care expenditures for the Armed Forces and veterans, those made by public health and other government agencies and under workmen's compensation laws, and those of private philanthropic organizations directly to or by hospitals. No attempt has been made to identify and exclude expenditures made by individuals from payments received by them under the public assistance programs.

² Data from table 2. Represents the difference between expenditures for health insurance premiums (earned income) and amounts returned to consumers as benefits.

³ Combines amounts received by hospitals from patients (equal to direct payments and insurance benefits) and the costs of providing the mechanism of prepaid hospital care. Amounts received by hospitals computed from data in *Hospitals*, June of each year 1949–54 and September 1955–57. Based on income from patients for each year ending September 30 in all types of general and special short-term hospitals. Data are projected to December 31 of each year, and additions have been made for (1) nonregistered hospitals and (2) estimated income received from patients by general and special long-term hospitals, mental and allied hospitals, and

tuberculosis sanitariums. Amount of private expenditures is overstated by an unknown amount recorded by the hospital as patient income in some instances where a government or welfare agency or workmen's compensation carrier actually made payment or reimbursed the patient. Includes estimated annual expenditures for hospital care under student health services.

⁴ Combines amounts received by physicians from patients (equal to direct payments and insurance benefits) and the costs of providing the mechanism of prepaid physicians' services. Amounts received by physicians from patients adjusted by an addition each year to figure reported in *Survey of Current Business* for salaries of physicians employed in prepayment medical service plans, and for physicians' services in student health services. Excludes amounts private practitioners received from non-consumer sources (equal to about 10 percent of the amounts shown) such as those for workmen's compensation cases, and physical examinations connected with writing life insurance.

⁵ Includes also prepaid dental benefits and other services provided through prepayment plans; amounts for these items are relatively insignificant.

⁶ Services of osteopathic physicians, chiropractors, podiatrists, private-duty trained nurses, and miscellaneous curative and healing professions.

⁷ Estimates for 1955 and 1956 by the Public Health Service were used as a basis for determining the level for earlier years; includes only nursing homes with skilled nursing care.

fits. Table 3 shows that the loss ratio for group insurance in 1956 was 89.0 percent. The figure in 1955, before the change in methodology, was 83.9 percent.

Table 3 lists the sources from which the population obtains its voluntary health insurance protection. Slightly more than half (50.8 percent) of the income received by all carriers for such protection was received by insurance companies, 41.2 percent by the Blue Cross and Blue Shield plans, and the remainder—8.0 percent—by a wide variety of other types of insurers.

Blue Cross continued to be the largest single form of hospitalization insurance, receiving 43.2 percent of income, compared with 31.0 percent for group policies issued by insurance companies and 18.6 percent for individual policies issued by insurance companies.

Of the premiums received for insurance against the cost of physicians' services, 52.8 percent went to insurance companies, 38.3 percent to group carriers, and 14.5 percent to writers of individual medical-surgical policies. Blue Shield plans accounted for 34.1 percent of the income for physicians' services received by all forms of insurers, and 13.2 percent represented Blue Cross plans and the various other types of carriers.

When expenditures for benefits are examined, the percentage distributions by type of carrier are substantially the same as the income distributions, with some minor variations. Insurance companies paid out 46.8 percent of all the benefits received, and the Blue Cross and Blue

Table 3.—Income and expenditures for medical care among voluntary health insurance plans, by type of carrier or plan, 1956

Type of insurance carrier or plan	Income ¹			Expenditures for benefits ⁴			Benefits as percent of income
	Total	For hospital services ²	For phys-icians' services ³	Total	For hospital services ²	For phys-icians' services ³	
Amount (in millions)							
Total.....	\$ 3,623.0	\$2,367.4	\$1,255.6	\$ 3,014.7	\$2,021.8	\$992.9	83.2
Blue Cross plans ⁶	1,046.6	1,021.7	24.9	968.1	946.9	21.2	92.5
Blue Shield plans ⁷	446.9	19.3	427.6	385.6	18.9	366.7	86.3
Other medical-society-sponsored plans ⁸	12.2	6.5	5.7	8.5	4.6	3.9	69.7
Other nonprofit plans.....	240.6	129.4	111.2	204.0	110.5	93.5	84.8
Community.....	75.4	40.4	35.0	64.3	35.1	29.2	85.3
Consumer-sponsored.....	10.2	5.8	4.4	8.1	4.4	3.7	79.4
Fraternal societies.....	2.1	1.2	0.9	2.1	1.2	.9	100.0
Employer and/or employee.....	63.7	37.9	25.8	59.1	35.2	23.9	92.8
Union health and welfare ⁹	89.2	44.1	45.1	70.4	34.6	35.8	78.9
Student health services ¹⁰	5.6	2.3	3.3	5.5	2.2	3.3	98.2
Private group clinics with pre-payment.....	32.0	12.1	19.9	32.4	11.7	20.7	101.3
Insurance companies ¹¹	1,839.1	1,176.1	663.0	1,410.6	927.0	483.6	76.7
Group.....	1,216.3	734.8	481.5	1,082.5	688.5	394.0	89.0
Individual.....	622.8	441.3	181.5	328.1	238.5	89.6	52.8
Percentage distribution							
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	-----
Blue Cross plans.....	28.9	43.2	2.0	32.1	46.8	2.1	-----
Blue Shield plans.....	12.3	.8	34.1	12.8	.9	36.9	-----
Insurance companies.....	50.8	49.7	52.8	46.8	45.9	48.7	-----
Group.....	33.6	31.0	38.3	35.9	34.1	39.7	-----
Individual.....	17.2	18.6	14.5	10.9	11.8	9.0	-----
All other plans.....	8.0	6.3	11.2	8.3	6.4	12.2	-----

¹ Earned income for Blue Cross, Blue Shield, and similar plans and for insurance companies; total income for plans providing services rather than third-party or cash-indemnity benefits. Division of income between hospital services and physicians' services among service plans providing both types estimated on the basis of their expenditures.

² Includes some income or expenditures for outpatient services.

³ Includes some income or expenditures for services other than those received from physicians (nurses, dentists, laboratories, etc.).

⁴ Benefits paid, for nonprofit and other organizations; losses incurred, for insurance companies.

⁵ Includes premiums or benefits for hospitalization and physicians' services among private plans under the State temporary disability insurance laws of California and New York (see table 4).

⁶ For the 5 combined Blue Cross-Blue Shield plans,

data for medical-surgical insurance shown under Blue Shield plans. Distribution between hospital and physicians' services for these combined plans and for the 8 Blue Cross plans that write both types of insurance furnished by the Blue Cross Commission. Addition made for Health Services, Inc.

⁷ Addition made for Medical Indemnity of America. Excludes hospital insurance of the 5 Blue Cross-Blue Shield plans. Includes 8 Blue Shield plans that also furnish hospital insurance. Data supplied by Blue Cross Commission.

⁸ Excludes plans underwritten by insurance companies.

⁹ Covers only those funds or portions of funds used for the direct purchase of medical care without an intermediary insurance company or plan.

¹⁰ Estimated.

¹¹ Estimated by Health Insurance Council and adjusted for plans shown as "other nonprofit plans."

Shield plans paid out 44.9 percent.

Blue Cross plans, with payments of \$947 million to hospitals, accounted for 46.8 percent of the \$2,022 million that all forms of prepayment made available as protection against hospital costs. Group insurance paid 34.1 percent and individual insurance, 11.8 percent; together they provided \$927 million in hospitalization benefits. Only \$148 million, 7.3 percent of the total, came from Blue Shield and other medical society plans and all the other forms of carriers.

In the field of insurance benefits for physicians' services, the two main sources were group insurance plans (\$394 million) and Blue Shield plans (\$367 million); these two sources ac-

counted for 76.6 percent of the total of \$993 million. All the other forms of plans provided 23.4 percent of the total provided as benefits for physicians' services. A little more than 12 percent of the aggregate came from the independent plans.

A comparison with the table published in last year's article on this subject,¹ corresponding to table 3, shows that expansion in benefit payments occurred among the Blue Cross plans (an increase of \$136 million or 16 percent) and among group insurance plans (an increase of \$225 million, or 26 percent). The growth of

¹ See the *Bulletin*, December 1956, page 4.

\$71 million in Blue Shield benefits represented a 23-percent increase. Benefits from individual policies were only \$7 million more than in 1955, a relatively small increase (2 percent). The increase of \$40 million among all the other forms of insurance represented a 19-percent expansion in benefits in this small section of the prepayment field.

The data in tables 2 and 3 are not confined exclusively to nongovernmental programs but include a small amount of health insurance resulting from the compulsory temporary disability insurance laws of California and New York. Not included, however, are the expenditures of \$7.0 million from the State fund for hospitalization in California. The extent of medical care benefits provided in 1956 under the two State laws is shown in table 4, separately for private carriers and for the public program in operation in California. Income under these programs amounted to an estimated \$19.2 million, and expenditures for benefits amounted to \$17.1 million.

The data shown in table 1 include the California hospitalization benefits of \$7.0 million among the direct payments for hospital care; they also contain the \$17.1 million in benefits from private plans under public auspices within the insurance benefits for hospital and physicians' services. An adjustment to confine table 1 to voluntary health insurance can be made by (1) reducing private expenditures by \$24.1 million (the combined benefits under public auspices) plus an estimated \$4-5 million for the cost of providing these benefits and (2) removing \$17.1 million from

Table 4.—Benefits from hospital and medical care insurance under California and New York State temporary disability insurance laws, 1950-56

[In millions]			
Year	Total	Under public plans ¹	Under private plans ²
1950.....	\$6.5	\$2.7	\$3.8
1951.....	11.0	2.6	8.4
1952.....	13.4	3.3	10.1
1953.....	16.2	3.7	12.5
1954.....	19.2	5.7	13.5
1955.....	21.3	6.3	15.0
1956.....	24.1	7.0	17.1

¹ Hospital benefits in California.

² Hospital benefits in California; hospital, surgical, and medical benefits in New York.

the amounts shown as paid by insurance. An alternative adjustment—if the purpose is to measure the extent of prepayment, whether voluntary or not—calls for adding the \$7 million paid in benefits under California's State-operated program to the \$3,015 million of private health insurance benefits. The changes alter the original data only slightly.

Trends in Insurance Protection

The extent of protection provided through insurance in the aggregate each year from 1948 through 1956 is measured in table 5. The percentage of aggregate private expenditures for medical care that was met by insurance benefits is shown for the total and for five different groupings of services. The benchmarks representing expenditures have been calculated both to include and to omit the expenditures made necessary by the use of prepayment to purchase the insurance protection being measured.

Insurance was meeting 26.3 percent of the Nation's private medical bill in 1956, compared with 8.6 percent in 1948. In every 12-month

period except that from 1950 to 1951, the percentage of the medical bill met by insurance has increased about 2 points; the increase was 2.4 points from 1955 to 1956. The year-to-year percentage increase is almost the same even when the expense to obtain insurance is included in the data.

In 1956 more than half (53.9 percent) of the amounts received by hospitals from patients paying privately was derived from prepayment plans. From 1955 to 1956 the proportion of the hospital bill covered by insurance benefits went up more than 4 percentage points, the greatest 1-year increase in 5 years. Nearly 30 percent of the payments made to physicians were from insurance sources in 1956, compared with 7 percent in 1948.

Most, though not all, of the health insurance purchased today applies to the costs of physicians' services and to hospitalization. All private expenditures for these two items totaled \$7.1 billion in 1956, exclusive of the expenses (\$609 million) of providing the insurance, and represented 62 percent of all private payments to the suppliers of medical care. All in-

surance benefits taken together (\$3.0 billion) equaled 42.5 percent of private expenditures for hospital care and physicians' services. Since an unknown proportion of the insurance benefits was used to pay for the services of nurses and dentists and for drugs, appliances, and the like, in actuality the percentage of the combined bill for hospital care and physicians' services covered by insurance was less than 42.5.

A combination of some of these other types of expenditures with the total expenditures for hospitalization and physicians' services is used as the benchmark labeled "currently insurable expenditures." This total omits the costs of nursing homes, nursing care and the care of other nonphysician practitioners, and nine-tenths of the Nation's expenditures for drugs and appliances. It might be considered as "currently insurable under the prevailing forms of existing health insurance." Insurance benefits met about 36 percent of this benchmark in 1956 and 12 percent in 1948.

Some existing forms of health insurance are already providing benefits of broader scope than the items included in the data labeled "cur-

Table 5.—Private expenditures for medical care and percent accounted for by voluntary insurance, 1948–56

[Amounts in millions]

Year	Total medical care expenditures		Hospital services only		Physicians' services		Hospital and physicians' services		Currently insurable expenditures		Potentially insurable expenditures	
	Amount	Percent accounted for by insurance	Amount	Percent accounted for by insurance	Amount	Percent accounted for by insurance	Amount	Percent accounted for by insurance	Amount	Percent accounted for by insurance	Amount	Percent accounted for by insurance
With expense to obtain insurance excluded												
1948.....	\$7,044	8.6	\$1,667	27.3	\$2,236	6.8	\$3,903	15.5	\$4,915	12.3	\$5,473	11.1
1949.....	7,332	10.5	1,779	30.3	2,345	9.7	4,124	18.6	5,161	14.9	5,733	13.4
1950.....	7,910	12.5	2,100	32.4	2,470	12.6	4,570	21.7	5,628	17.6	6,231	15.9
1951.....	8,408	16.1	2,289	39.2	2,565	17.8	4,854	27.9	5,947	22.8	6,600	20.5
1952.....	8,977	17.9	2,566	41.9	2,721	19.5	5,287	30.3	6,406	25.0	7,090	22.6
1953.....	9,509	20.2	2,820	45.1	2,865	22.6	5,685	33.8	6,847	28.1	7,558	25.4
1954.....	9,914	22.0	3,053	47.2	2,966	24.8	6,019	36.2	7,214	30.2	7,936	27.5
1955.....	10,595	23.9	3,366	49.9	3,123	27.4	6,489	39.1	7,748	32.7	8,507	29.8
1956.....	11,482	26.3	3,752	53.9	3,347	29.7	7,099	42.5	8,419	35.8	9,226	32.7
With expense to obtain insurance included												
1948.....	\$7,300	8.3	\$1,859	24.5	\$2,300	6.6	\$4,159	14.6	\$5,171	11.7	\$5,729	10.6
1949.....	7,581	10.1	1,947	27.7	2,426	9.4	4,373	17.5	5,410	14.2	5,982	12.8
1950.....	8,209	12.1	2,289	29.7	2,580	12.1	4,869	20.4	5,927	16.7	6,530	15.2
1951.....	8,715	15.5	2,477	36.2	2,684	17.0	5,161	26.2	6,254	21.6	6,907	19.6
1952.....	9,366	17.1	2,768	38.8	2,878	18.4	5,646	28.4	6,795	23.6	7,479	21.4
1953.....	10,007	19.2	3,105	41.0	3,080	21.0	6,185	31.1	7,345	26.2	8,056	23.8
1954.....	10,491	20.8	3,378	42.7	3,218	22.9	6,596	33.0	7,791	28.0	8,513	25.6
1955.....	11,209	22.6	3,715	45.2	3,398	25.2	7,113	35.7	8,362	30.3	9,121	27.8
1956.....	12,091	24.9	4,098	49.3	3,610	27.5	7,708	39.1	9,028	33.4	9,835	30.7

¹ Expenditures include outpatient services provided by hospitals. Insurance benefits are applicable to such services when service is given in an emergency.

² Slight overstatement because the data used for insurance benefits include some payments to nurses, dentists, and laboratories.

³ Includes total expenditures for services of physicians, dentists, and hospitals and one-tenth of the expenditures for drugs and appliances.

⁴ Includes total expenditures for services of physicians, hospitals, dentists, and nurses and one-third of the expenditures for drugs and appliances.

rently insurable." Certain comprehensive prepayment plans, major medical expense policies, and comprehensive insurance company policies include drugs, private-duty nursing, and, in some instances, dentistry. Such a benchmark for 1956 amounts to \$9.2 billion. It includes about 80 percent of all private expenditures (\$11.5 billion). Insurance benefits represented 33 percent of this benchmark.

The last two benchmarks shown are merely illustrative of a technique of measuring the potential areas as yet unmet by voluntary health insurance. The reader may establish the level of expenditures that he considers potentially insurable, using the data in table 1 for his selections, and then relate them to the insurance

benefits of \$3 billion to establish hypothetical goals for voluntary health insurance in the years ahead.

Per Capita Medical Expenditures, Prices, and Personal Income

The changes in the amounts and pattern of the national aggregates of private expenditures for medical care must be translated into somewhat different terms if their implications for the standard of living of the average American family are to be understood.

In the 9 years under review not only has population grown, but medical care prices have risen sharply and disposable personal income has increased in dollar as well as in real value.

Table 6.—Private expenditures for medical care and for health insurance, amount per capita and as a percent of per capita disposable personal income, selected years 1948–56

Item	1948	1950	1952	1954	1956	Change, 1956 from 1948	
						Amount	Percent of 1948 value
Amount per capita							
Total medical expenditures ¹	\$49.75	\$54.09	\$59.42	\$64.52	\$71.95	+\$22.20	+44.6
Direct payments.....	43.87	45.67	46.72	47.45	50.30	+6.43	+14.7
Insurance benefits.....	4.09	6.52	10.13	13.47	17.90	+13.81	+337.6
Expenses for prepayment ²	1.79	1.90	2.57	3.60	3.75	+1.96	+109.5
Hospital services.....	12.66	15.08	17.53	20.83	24.38	+11.72	+92.6
Direct payments.....	8.31	9.38	9.22	9.87	10.23	+1.92	+23.1
Insurance benefits.....	3.07	4.48	6.80	8.93	11.93	+8.86	+288.6
Expenses for prepayment.....	1.28	1.22	1.51	2.03	2.22	+ .94	+73.4
Physicians' services.....	15.73	16.99	18.30	19.73	21.48	+5.75	+36.6
Direct payments.....	14.20	14.27	13.91	13.62	13.98	— .22	— 1.5
Insurance benefits.....	1.02	2.04	3.33	4.54	5.97	+4.95	+485.3
Expenses for prepayment.....	.51	.68	1.06	1.57	1.53	+1.02	+200.0
Medicines and appliances.....	12.15	12.50	13.61	13.47	15.00	+2.85	+23.5
Dentists' services.....	5.63	5.71	5.75	5.95	6.31	+ .68	+12.1
All other ³	3.58	3.81	4.23	4.54	4.78	+1.20	+33.5
Percent of per capita disposable personal income							
Total medical expenditures ¹	3.89	3.98	3.93	4.12	4.22	+0.33	+8.5
Direct payments.....	3.43	3.36	3.09	3.03	2.95	— .48	— 14.0
Insurance benefits.....	.32	.48	.67	.86	1.05	+1.73	+228.1
Expenses for prepayment ².....	.14	.14	.17	.23	.22	+ .08	+57.1
Hospital services.....	.99	1.11	1.16	1.33	1.43	+ .44	+44.4
Direct payments.....	.65	.60	.61	.63	.60	— .05	— 7.7
Insurance benefits.....	.24	.33	.45	.57	.70	+ .46	+191.6
Expenses for prepayment.....	.10	.09	.10	.13	.13	+ .03	+30.0
Physicians' services.....	1.23	1.25	1.21	1.26	1.26	+ .03	+2.4
Direct payments.....	1.11	1.05	.92	.87	.82	— .29	— 26.1
Insurance benefits.....	.08	.15	.22	.29	.35	+ .27	+337.5
Expenses for prepayment.....	.04	.05	.07	.10	.09	+ .05	+125.0
Medicines and appliances.....	.95	.92	.90	.86	.88	— .07	— 7.4
Dentists' services.....	.44	.42	.38	.38	.37	— .07	— 15.7
All other ³.....	.28	.28	.28	.29	.28	.00	.0
Per capita disposable personal income ⁴	\$1,279	\$1,359	\$1,512	\$1,566	\$1,705	+\$426	+33.3

¹ Includes expenditures for health insurance premiums.

² Represents the difference between expenditures for health insurance premiums and amounts re-

turned to consumers as benefits.

³ Other professional services and nursing homes.

⁴ Data from table E-14, page 137, *Economic Report of the President*, January 1957.

The national aggregates of private medical care expenditures have increased substantially—from \$7.3 billion in 1948 to \$12.1 billion in 1956. Does this increase of \$4.8 billion or 65.6 percent signify an increase in the quantity or improvement in the character of the medical services and goods secured by individuals and families? To what extent are the increases in aggregate medical care expenditures explained by the growth in the population and by the price rises occurring during these years? Is some of the increase the result of an expansion in the proportion of individual and family income devoted to the purchase of medical care?

Per Capita Medical Care Expenditures

The population increased by 21.5 million from 1948 to 1956. This 13-percent rise means that per capita private medical care expenditures did not increase as much as the total.

The upper portion of table 6 shows the changes in per capita private medical expenditures. To simplify the presentation, only the data for the even-numbered years from 1948 to 1956 are included. Thus population growth, in its gross aspects at least, is eliminated as a factor in the increase in medical expenditures. The amounts shown in table 6 are, like those in tables 1–5, in dollar terms at the prices current in each of the years.

Some interesting relationships may be noted from an examination of these per capita expenditures. For each year shown, combined private medical care expenditures increased, on a per capita basis and in dollar terms. Similarly, the amounts for each of the three components—direct payments, insurance benefits, and expenses for prepayment—have increased in every 2-year interval. Generally speaking, per capita expenditures for each category of medical care services and goods show a general upward trend, but a few items in some of the 2-year intervals do not.

To bring into focus the changes in the amounts and pattern of private per capita medical expenditures during the 9-year period, some direct comparisons of the expenditure data for 1948 and 1956 are given in the

last two columns of table 6. On a per capita basis, total private medical care expenditures increased from 1948 to 1956 by 44.6 percent. This increase can be contrasted to the 65.6-percent increase in the national aggregate of private medical care expenditures during the period. The difference between the two percentages of increase indicates the degree to which population growth should be considered as a factor in the increase in private medical care expenditures.

Among the categories of medical care expenditures, every item except one increased in the per capita dollar amounts spent. The one decrease was in direct payments to physicians, which dropped 22 cents or 1.5 percent. The largest increase among the payment components was also found in payments for physicians' services; the amount received for this purpose from insurance sources went up 485.3 percent.

The largest increase from 1948 for any of the medical services, considering all payment components together, was in hospital care, which increased by \$11.72 per capita or 92.6 percent. Within this hospital services item, the largest increase was in insurance benefits, which rose by \$8.86 per capita or 288.6 percent. Expenses for prepayment plans and for direct payments rose much less sharply—73.4 percent and 23.1 percent, respectively.

Consumer Price Index for Medical Care

Generally speaking, the pattern of per capita private expenditures for medical care and the dollar increases in such expenditures from 1948 to 1956 do not, in themselves, reveal whether individuals were, on the average, actually receiving more or better medical care in the latter year. Price changes from 1948 to 1956 must also be considered in evaluating rises in medical care spending. The Consumer Price Index of the Bureau of Labor Statistics provides some measure of the influence of price changes upon the purchasing power of the private medical care dollar.

Table 7 indicates the changes that have occurred from 1948 to 1956 in certain items of the medical care component of the consumer price index. The index should not be used

Table 7.—Consumer price indexes for selected medical care items, 1948 and 1956¹

Item	Annual averages [1947-49 = 100]		Change, 1956 from 1948
	1948	1956	
Medical care.....	100.9	132.6	+31.7
Hospital room rates.....	102.1	173.3	+71.2
General practitioners' fees.....	100.6	128.4	+27.8
Surgeons' fees.....	101.0	118.2	+17.2
Prescriptions and drugs.....	101.2	113.7	+12.5
Dentists' fees.....	100.3	124.4	+24.1

¹ Data from Elizabeth A. Langford, "Medical Care in the Consumer Price Index, 1936-1956," *Monthly Labor Review*, September 1957.

for precise evaluation of all private medical expenditures, however, since it is limited to specified goods and services, used to represent the medical care purchased by city wage-earner and clerical-worker families. An explanation of the nature of the limitations and of the changes over the years in the medical component indexes in the consumer price index has recently been published.² The study offers detailed data on the changes in the medical care price indexes from 1927 to 1956.

One of the observations made in the study is that two-thirds of the advance from 1936 to 1956 in the prices of medical services and goods occurred in the last 10 of those years. The services comprising the major portion of the medical care group, rather than the much smaller commodity portion of this expenditure group, accounted for most of the price increase after 1946. This finding was in accord with the nature of the price-movement pattern from 1946 to 1956, when larger price increases were registered for services generally than for commodities generally.

In contrast, in the earlier decade, from 1936 to 1946, commodities increased in price about twice as much as did services; this ratio of change is found among those services and commodities included in the medical care component as well as generally. Medical care prices, therefore, moved up less rapidly than prices for those groups in which commodities were

² Elizabeth A. Langford, "Medical Care in the Consumer Price Index, 1936-1956," *Monthly Labor Review*, September 1957 (Reprint No. 2251).

a larger portion of the whole. Over the full 20-year period, the pattern of price movements was such that medical care prices displayed changes of roughly the same relative magnitude as prices for all services. By the end of 1956, medical care prices were very nearly back to the same relationship to all prices that had existed in the mid-thirties.

Thus, the 1948-56 period covered by the Social Security Administration's annual surveys of private medical care expenditures was characterized by a more rapid increase in the prices of the services used by consumers than in the prices of commodities. In common with services generally, the services making up a high proportion of medical care purchases increased rapidly in price in this period. It is possible that medical care prices have now caught up to the level of prices generally and may not continue to display the sharp rises of the past few years. It is evident, in any case, that for the period 1948-56 medical care prices showed rises greater than those for any other of the major pricing groups included in the consumer price index.

A comparison of the data in table 7 with that in the upper section of table 6 is given in table 8. The changes from 1948 to 1956 in the roughly comparable items of each listing are presented as percentages of their 1948 values. The items being compared are not, by definition, identical in all respects, and this limitation of the comparison should be borne in mind. In order to emphasize the medical service purchasing aspect of the expenditure changes, the portion devoted to expenses for prepayment arrangements has been excluded. Thus, the changes in per capita private medical expenditures shown in the table are in terms of the amounts expended for payments to the suppliers of the medical goods and services.

Per capita private expenditures for all medical care have increased since 1948 more than has the medical care index of the consumer price index. Similarly, for all the individual items included, except dentists' services, the amount of expenditures has increased more than the indexes. If these relationships between per

capita expenditures and the price indexes indicate the true relationship (despite the different definitions applying to the expenditure and price data), it would seem that, per capita, more medical goods and services, except dental services, were being purchased privately in 1956 than in 1948.

Of all the medical services, the per capita expenditure for hospital care appears, from this comparison, to have grown the most. Though a detailed examination of the nature of this increase cannot be attempted here, it may be observed that the increase from 1948 to 1956 in the annual number of days of hospital care per capita has been negligible. The explanation of the per capita increase in expenditures beyond that indicated by the hospital-room-rates portion of the consumer price index is to be found in the marked increase in annual hospital admissions per capita, which were accompanied by reduced lengths of stay. With the increased use of diagnostic and therapeutic procedures in the first few days of the hospital stay, it appears that average daily charges for items other than room rates must have increased more than the room rates alone. The index derived by pricing group hospitalization plans unfortunately began only in 1950; in any case, it does not seem to reflect any better than the hospital-room-rate index the fact that the consumer's patterns of spending for hospital care have undergone profound changes in the past decade.

These comparisons of per capita expenditure changes with the changes in the components of the consumer

price index show the shifts in the medical care expenditures averaged for the population as a whole. A more extended analysis than is possible here would be necessary to show the variations in private medical care spending of families and limited groups of the population. The most recent available data on family medical care expenditures relate to 1953.³

Medical Care Expenditures and Personal Income

In the period under review, real personal incomes as well as dollar incomes have been advancing. The combination of rising medical costs and some increase in the amount (or real value) of medical services per capita resulted, however, in the use of a larger share of disposable personal income for medical care in 1956 than in 1948.

The lower portion of table 6 shows the percentages of per capita disposable personal income represented by the per capita expenditures for the medical care items shown in the upper portion of the table. Changes in the percentages between 1948 and 1956 show the relative utilization in each year of available income for medical care, compared with alternative items for buying or saving. They also show shifts within the medical component. Because medical costs increased so much more sharply during this period than other consumer prices, the percent-

age changes do not in themselves, without price adjustments, reveal the magnitude and direction of changes in the average quantity of medical services and goods that were purchased.

Private medical expenditures, it will be recalled, include employer contributions to employee medical benefit plans; by definition, disposable personal income also includes employer contributions to employee welfare benefits. Consequently, to an increasing extent, some expenditures for medical care are made from that portion of disposable personal income that never reaches the hands of the individuals concerned.

The percentage of per capita disposable personal income devoted to combined medical care expenditures generally increased during 1948-56 but decreased in the 2-year interval from 1950 to 1952. Among the payment components, only the portion of private expenditures reflected in insurance benefits increased consistently. Direct payments showed uninterrupted declines as a percentage of per capita disposable personal income, while the percentage reflected in expenses for prepayment generally rose but in an irregular pattern.

The changes in the percentages during the whole period 1948-56 are summarized in the last two columns of table 6. Total medical care expenditures rose from 3.89 percent of disposable personal income to 4.22 percent, an increase of 0.33 percentage points. The portion of expenditures represented by insurance benefits rose by 0.73 percentage points, and that represented by expenses for prepayment rose by 0.08 percentage points. On the other hand, direct payments dropped by 0.48 percentage points. The pattern of changes reflects the relative growth of prepayment plans and the corresponding relative decline in direct payment for medical care. In terms of per capita dollar amounts, all payment components including direct payments increased from 1948 to 1956 (table 6). The difference in trend between direct payment expenditures as a percentage of per capita disposable income and as dollars spent per capita is, of course, a result of the dollar rises in per capita disposable per-

³ See Odin W. Anderson with Jacob J. Feldman, *Family Medical Costs and Voluntary Health Insurance: A Nationwide Survey*. McGraw Hill Book Company, the Blakiston Division, 1956.

Table 8.—Comparison of changes in selected medical care items in the consumer price index and in per capita private expenditures for medical care, 1948-56

Medical care items in consumer price index	Change, 1956 from 1948, as percent of 1948 annual average index	Items of private expenditures for medical care	Change in per capita expenditures, 1956 from 1948, as percent of 1948 expenditures
Medical care, all items.....	+31.4	Total medical expenditures ¹	+42.2
Hospital room rates.....	+69.7	Hospital services ¹	+94.7
General practitioners' fees.....	+27.6	Physicians' services ¹	+31.1
Surgeons' fees.....	+17.0	Drugs, preparations, and sundries ² ...	+21.1
Prescriptions and drugs.....	+12.4	Dentists' services.....	+12.1
Dentists' fees.....	+24.0		

¹ Insurance benefits and direct payments; excludes expenses for prepayment.

² Excludes ophthalmic products and orthopedic appliances.

sonal income, which are given for each year in the bottom line of table 6.

The percentage of average disposable personal income devoted to hospital services again increased much more than did expenditures for any other of the medical services listed—by 44.4 percent. Expenditures for benefits received from insurance for hospital and physicians' care as a proportion of disposable personal income rose 228.1 percent, and expenditures for providing these prepayment arrangements rose 57.1 percent. The fact that the increase in expenditures to cover the operating costs of prepayment was so much less than the increase for benefit payments reflects the reduction in administrative costs as a percentage of premiums during this period.

The situation with respect to financing physicians' charges presents a sharp contrast. Here, in terms of percentages of disposable personal income, expenditures for physicians' services rose very little—only 0.03 percentage points—in contrast to the rise of 0.05 percentage points for expanding the insurance mechanism to cover these services. The proportion of disposable income represented by insurance benefits covering physicians' services increased by 0.27 percentage points, while that going for direct expenditures for physicians' services dropped slightly more.

The final three lines of the percentage listings are for expenditure items that remain almost entirely outside the areas of prepayment; they include dentists' services, drugs and prescriptions, appliances, care in nursing homes, and the like. There was a drop of 0.07 percentage points in the portion of disposable personal income spent for dentists' services and a 0.07-point drop for medicines and appliances. There was no net change in the remainder of the expenditure items.

In sum, the increase of 0.33 percentage points in the proportion of disposable personal income used for private medical expenditures in the period 1948-56 is the difference between a drop of 0.48 percentage points in all direct payments and the combined increase of 0.81 per-

centage points for insurance benefits and for the cost of prepayment arrangements.

Had medical costs increased more or less proportionately to the cost of all consumer goods and services, the rise in the percentage of disposable personal income used for medical care (including expenses for prepayment) from 3.89 percent in 1948 to 4.22 percent in 1956 would indicate a rather substantial increase in the volume or real value of the actual medical services and goods received. In spite of the very rough and approximate nature of any adjustment that can be made for the disproportionate price changes that actually occurred, it is worth noting what the direction and general magnitude of such an adjustment would be.

If 1956 disposable personal income is expressed in 1948 prices by applying to personal income data the implicit price deflator series, prepared by the Department of Commerce for its National Income and Products Accounts, and if 1956 medical care expenditures are similarly deflated by use of the medical care component of the consumer price index, a rough idea can be obtained of what portion of consumer incomes would have gone for medical care in 1956 had all prices remained at 1948 levels. With such adjustments, medical services represent 3.65 percent of 1956 disposable personal income rather than 4.22 percent—or less than the 3.89 percent used for medical services in 1948. It thus appears that a considerable part of the increase in the proportion of consumers' disposable income going for medical care was a result of the differential rise in medical costs between 1948 and 1956. On the other hand, personal income has increased in real as well as in dollar value, so that even 3.65 percent of deflated 1956 disposable personal incomes would represent more actual medical services than 3.89 percent of 1948 income. This finding is consistent with the observations made earlier that per capita private expenditures for medical care increased considerably more from 1948 to 1956 than did the prices for medical goods and services.

It is not possible to analyze here

the nature of the changes underlying this increase in combined per capita medical services. The use of more expensive diagnostic and therapeutic techniques and procedures, referred to earlier, no doubt accounts for some of the increase. It is probable also that there has been some increase in the volume of services and in the relative number of persons receiving services.

IN SUMMARY, although aggregate private expenditures for medical care have increased by about 66 percent in the period 1948-56, the 13-percent growth in population accounted for a portion of this rise. On a per capita basis, private medical care expenditures rose only about 45 percent. Price changes accounted for a considerable portion of this increase in per capita spending for medical care, and also for the increase in the share of disposable personal income spent for medical care during 1956.

In several of the medical care categories, but notably in the area of hospital care, there is some indirect evidence to suggest that there was a per capita increase in the quantity or an improvement from 1948 to 1956 in the character of the medical services and goods purchased. Aggregate expenditures for hospital care rose 120 percent in the period under review, and per capita expenditures increased 93 percent. The proportion of per capita disposable personal income going for hospital care in 1956 was 44 percent higher than in 1948—an increase in marked contrast to the 8.5-percent rise in the proportion of income devoted to all private medical care expenditures combined. The expansion of prepaid hospital care and the rise in the prices of both the service and the commodity elements of hospital care all contributed to the observed 1948-56 change in private expenditure patterns for medical care.

Even more than in the past, continuous attention to the analysis of these constantly changing patterns of consumer spending for medical care appears to be essential for an understanding of the place of medical care in the total picture of individual and family spending.

Old-Age, Survivors, and Disability Insurance: Early Problems and Operations of the Disability Provisions

by ARTHUR E. HESS*

The disability freeze provisions of the Social Security Act became effective July 1, 1955. Their administration was still evolving when the amendments of August 1956 added provisions for cash disability benefits to insured persons aged 50-64 and for benefits to dependent children aged 18 or over who became totally disabled before they reached age 18. The experience of the Bureau of Old-Age and Survivors Insurance in administering the disability provisions is reported in the following pages.

THE Social Security Act provides three types of disability protection under the old-age, survivors, and disability insurance program: the preservation of insured status (the disability freeze), benefits for disabled workers aged 50-64, and child's benefits for persons aged 18 or older who have been continuously disabled since before they became 18.

The disability freeze has now been in operation for more than 2 years, and the cash disability benefits had their first major impact in August 1957, when more than 100,000 disability benefit checks were released. Child's benefits were first payable for January 1957. The following article describes the basic problems that had to be solved before effective operations could begin and presents a detailed picture of the present position of the Bureau of Old-Age and Survivors Insurance in administering the new provisions.

Types of Provisions

The disability freeze, enacted in 1954,¹ preserves the insurance status

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¹ See Wilbur J. Cohen, Robert M. Ball, and Robert J. Myers, "Social Security Act Amendments of 1954: A Summary and Legislative History," *Social Security Bulletin*, September 1954, pages 11-12.

of workers so that absence from work because of long-term, total disability will not cause the reduction or loss of future benefit rights and payments. Before a worker can have his status frozen he must have worked in covered employment for at least 5 years out of the 10 years immediately preceding the beginning date of the disability; at least 1½ years of covered employment must be within the 3 years immediately before the beginning date of the disability. The disability must be of at least 6 months' duration. For purposes of the freeze, disability is defined as (1) "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration," or (2) "blindness." "Blindness" is defined as visual acuity of 5/200 or less in the better eye with the use of a correcting lens or as a comparable reduction in visual field.

In February 1955 a medical advisory committee was established by the Commissioner of Social Security. One of its functions is to provide the Social Security Administration with technical advice on medical problems arising in the application of this definition.²

² See the *Bulletin*, April 1955, page 7, and May 1955, page 26.

A disabled person applying for a freeze before July 1958 may have his insurance status preserved as it was on the first date on which he was both disabled and had the required work record.³ Thus, an individual applying before July 1, 1958, can establish a continuous period of disability with a beginning date as early as the last quarter of 1941, when the work requirements of the law could first be met. Starting July 1, 1958, however, the beginning of a worker's period of disability may not be established earlier than 1 year before his application is filed. Since the work requirements must be met on the beginning date of the period of disability, workers who have been disabled and have not worked for several years may no longer be eligible if they do not apply for the freeze before the end of June 1958.

Disability insurance benefits, first payable for July 1957, are provided for workers aged 50-64 who meet the same definition of disability used for the freeze, except that statutory blindness, in itself, does not automatically constitute disability.⁴ The disability benefit, payable only after a 6-month waiting period, is calculated as though the worker were of retirement age. Unlike the retirement benefit, it is not accompanied by auxiliary payments to dependents. The claimant must meet the same

³ Under the original provisions, disability determinations could be fully retroactive only if applications were filed by June 30, 1957. Public Law No. 109 (Eighty-fifth Congress) extended the time limit to June 30, 1958.

⁴ See Charles I. Schottland, "Social Security Amendments of 1956: A Summary and Legislative History," *Social Security Bulletin*, September 1956, pages 4-5, for a more detailed description of disability insurance benefits and benefits to dependent disabled children over age 18.

work requirements as for the disability freeze. He must also be fully insured at the beginning of his waiting period, but this additional requirement will not have any disqualifying effect upon applicants until 1961.⁵

Benefits to the children of insured workers have been extended by the 1956 amendments to include disabled children aged 18 or over whose disability began before they reached age 18. These benefits were first payable for January 1957. Disability under this provision is defined exactly as it is for disability insurance benefits. To qualify, the disabled person must be dependent, at the time his application is filed, upon a parent entitled to an old-age benefit, or, if the insured parent has died, he must have been dependent at the time of the parent's death. The disability must exist when the disabled son or daughter files application and must have continued since before he or she became age 18. The benefit is computed in the same manner as any other child's benefit under the program. The mother of a person receiving this type of benefit may qualify for mother's benefits if she has the disabled son or daughter in her care.

The 1956 amendments require that the amount of any disability insurance benefit or of any child's benefit payable to a disabled person aged 18 or over be reduced by the amount of any other periodic Federal disability benefit or any periodic Federal or State workmen's compensation benefit payable in whole or in part because of the claimant's physical or mental impairment. This provision was designed to reduce unwarranted

duplication of disability benefits. In 1957 the law was amended to provide an exception; no reduction is made in the disability benefits payable under the Social Security Act to a veteran receiving compensation from the Veterans Administration because of a service-connected disability. The reduction provision continues to apply in all other cases, including veterans' pensions paid on account of non-service-connected disability.

Administrative Problems

In enacting the disability freeze provisions in 1954, Congress specified that agreements should be negotiated with each State for making disability determinations and that these agreements should be made with the agency "administering the State plan approved under the Vocational Rehabilitation Act, or any other appropriate agency." The provision was implemented in late 1954 and in 1955. The Governor of each state designated the agency that he believed could best carry out the agency process prescribed by Congress. Agreements were also made with the District of Columbia, Alaska, Hawaii, and Puerto Rico. In 44 jurisdictions the agency designated was the State vocational rehabilitation agency; in four, the public welfare agency (which also administers the Federal-State program of aid to the permanently and totally disabled); and in four, both the agency administering the general vocational rehabilitation program and the agency administering rehabilitation provisions for the blind were named.

Organizing Within State Agencies

The provision for agreements to be negotiated with the States created a unique governmental relationship, under which State agencies play an integral part in the administration of a wholly Federal program. The working relationship under these agreements resembles in some respects the grants-in-aid relationship, although there are no State laws defining participation in program responsibility and no State funds involved. The relationship is voluntary. Federal funds are paid to the State agencies for their expenses, and in return the agencies make deter-

minations of disability for applicants under the old-age, survivors, and disability insurance program.

In negotiating these agreements, legal questions with strong administrative policy considerations had to be resolved. What expenditures, for example, would be included in the reimbursable operating costs, and what would be considered joint costs of the Bureau and the State agency and how should they be shared? It was essential that each agreement allow the operation to fit as effectively as possible into each agency's existing structures and take into account the extent to which the agency could organize quickly to handle the new workload. Thus the agreements specified the classes of cases to be included or excluded from State jurisdiction at the option of the State. To alleviate the impact on State agencies of the heavy backlog of claims filed during 1955, the agreements with many State agencies initially restricted their disability determination activity to disabilities of recent origin. (Cases not covered by State agreements were handled directly by the Bureau of Old-Age and Survivors Insurance.)

The agreements cite uniformly the respective responsibilities of the Secretary of Health, Education, and Welfare (as they are to be carried out by the Bureau of Old-Age and Survivors Insurance) and of the State agencies. To ensure prompt and orderly processing and equality of treatment both within a State and among the States, the agreements require that uniform standards be applied in determining disability. All agreements provide that the States account for the Federal money paid to them by submitting for review and approval regular budgets and reports supporting their expenditures. All agreements also establish State responsibility for the employment of professionally qualified personnel to make the disability determinations, and the State agencies must follow Federal regulations and policies concerning the disclosure of information.

The agreements were flexible in such administrative areas as organization and staffing and the application of merit system requirements. Another example of flexibility is the provision permitting each agency to

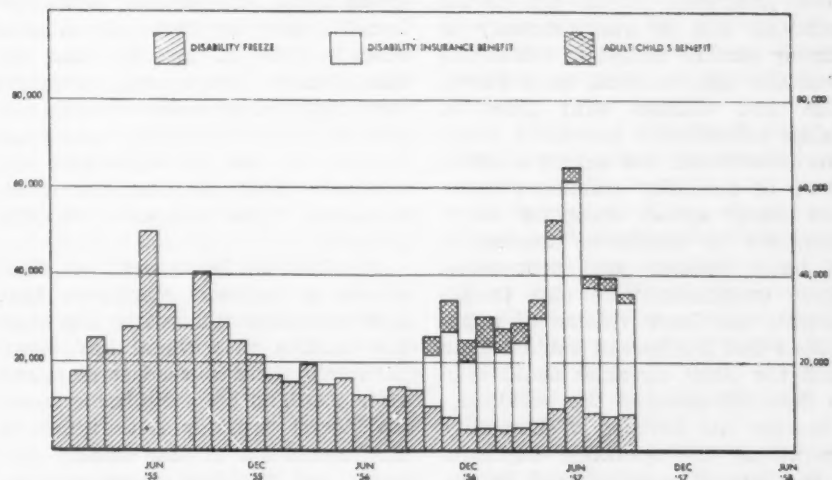
⁵ To be fully insured a person generally must have worked in covered employment at least half as many quarters as the number of calendar quarters elapsing between December 31, 1950 (or his 21st birthday, if that is later), and his attainment of age 65 (age 62 for women) or the date on which his period of disability begins. The 5 years of covered employment required for the disability freeze will be sufficient for fully insured status for disability benefits through 1960. Beginning in 1961 more than 5 years of employment will generally be necessary, since 5 years will then be less than half the time that has elapsed since 1950. (Anyone with 10 years of work in covered employment is fully insured for life.)

pay for medical examinations in accordance with fee schedules in effect locally.

In preparing for the discussions with State agencies the Bureau of Old-Age and Survivors Insurance studied the fiscal and administrative procedures and experience of the Federal-State programs for which the Department is responsible, as well as those of the Federal-State unemployment insurance program. It also worked closely with a special committee of the Council of Vocational Rehabilitation State Directors. This committee helped considerably in developing the model agreement that was discussed with the State agencies and made recommendations for handling basic fiscal matters, such as questions that might be raised by auditors concerning specific expenditure items and the payment of administrative or overhead costs. A number of States either lacked statutory authority or required legal opinions by their attorneys general before they could enter into agreements, and a model enabling bill was prepared by the Department's Office of the General Counsel and distributed to all States by the Council of State Governments.

One difficulty encountered while the agreements were being negotiated was that all vocational rehabilitation agencies were faced with the problem of simultaneously building up their rehabilitation programs⁶ and meeting the impact of the old-age, survivors, and disability insurance referrals for vocational rehabilitation services. In States where the vocational rehabilitation agency was also assuming the responsibility for making disability determinations there was the additional problem of securing and training new staff or of training existing staff for this function. Some of these agencies found it difficult to obtain the staff needed to achieve growth in both types of program activity as rapidly as necessary. Others quickly reached the point of effectiveness and asked to take on the full workload of dis-

Chart 1.—Initial disability applications received in district offices, by month, January 1955–September 1957



ability applications filed in their State. In these States the original agreements were modified accordingly. The growing capacity of the State agencies to handle a large volume of cases is shown by the fact that at the beginning of the fiscal year 1955–56 only 13 of the 42 contracting agencies had accepted the entire backlog of disability cases (disabilities dating back as early as 1941) and at the end of that fiscal year 34 of the 56 contracting agencies were accepting the full backlog. The increasing acceptance of the backlog by the State agencies is also reflected in the growing proportion of cases forwarded to them by the Bureau's district offices. Cumulatively, they have been sent 52.4 percent of all cases; in the July–September 1957 quarter they received 77.5 percent.

Soon after some of the earliest agreements had been negotiated, it was clear that modifications were needed to permit the States to accept cases not covered by their original agreements when the Bureau felt that additional medical development, including medical examinations, was necessary. Extension of agreements to authorize transfer of jurisdiction in such cases was obtained gradually through further negotiations.

When the disability benefit provisions were enacted in 1956, the Bureau of Old-Age and Survivors Insurance and the State agencies were able, under the existing freeze agree-

ments, to proceed temporarily with case processing except for cases involving benefits to dependent, disabled children aged 18 or over. The new agreements extending State jurisdiction to these cases and perfecting State authority for disability insurance benefit determinations were negotiated fairly rapidly. Only one State, Nevada, required new legislation to handle all benefit cases. For a few States, where the increased load of applications under the 1956 amendments created difficult operating situations and where it was mutually agreed that the State agency could not give as prompt attention to the cases as the Bureau could, temporary modifications were negotiated for transfer of some cases to the Bureau.

Organization Within the Bureau

A corollary problem to that of organizing for State agency operations was the consideration of how best to fit into the Bureau structure the responsibility for administering the disability provisions. A Division of Disability Operations was established to pull together the special skills and resources needed for this new part of the insurance program.

Staff members with experience acquired in planning and administering the old-age and survivors insurance benefits were drawn from existing Bureau units. In addition, the

⁶ The Vocational Rehabilitation Amendments of 1954 (Public Law 565, Eighty-third Congress) provided for a major expansion of the vocational rehabilitation program.

Bureau secured persons experienced in the administration of Federal-State programs. To fill out on the technical side it was necessary to employ persons skilled in evaluating disability and to blend their knowledge and abilities with those of claims adjudicative personnel. From this combination was welded a skilled group of disability examiners to review State agency disability determinations for consistent application of basic policies and procedures. These examiners were also to adjudicate the large volume of applications that the Bureau would handle until the State agencies could take on their full share of the workload.

Besides the Division of Disability Operations, the operating segments of the Bureau most affected by the disability provisions were the field organization, the district offices, and the regional staffs who supervise district office operations. These offices are the first point of contact and assistance for the disabled individual. District office staff had to learn about this new part of the program and to adapt their skills and facilities to the problems of the disabled; they also had to work with these problems in a new organizational setting, where State agencies share in the responsibilities for case processing and where rehabilitation is a closely related program. Furthermore, an entirely new area of relationships had to be developed with the medical profession. At the regional level, in particular, the negotiating and liaison functions with State agencies created significant new problems for the Bureau staff.

Coordination With Other Agencies

Organizing for disability operations required the establishment and maintenance of new relationships with agencies administering other programs. Some of these agencies—vocational rehabilitation agencies and public assistance agencies—were directly involved in the operation of the new provisions, and some, from their long experience in administering disability programs, were able to provide valuable advice and assistance.

Particularly close relations have been necessary with the Veterans

Administration and the Railroad Retirement Board. Many disabled veterans filing for disability insurance benefits have as their only medical records those of the Veterans Administration. Interagency procedures were designed to make available, under proper authorization, pertinent records for use in supporting the veteran's claim for disability determinations under the social security program.

The Railroad Retirement Act guarantees to railroad employees that their annuities will not be less than the benefits that would have been payable if their railroad employment after 1936 had been creditable under the Social Security Act. Since in the calculation of the old-age, survivors, and disability insurance benefits periods of disability may be ignored, it is necessary to make disability freeze determinations even for disabled career railroad workers who may never have had work covered by the Social Security Act. At the outset, however, relatively few disabled railroad workers were aware of this "guarantee" provision, mainly because they have associated all benefits relating to their employment with the provisions administered by the Railroad Retirement Board. Accordingly, a working arrangement was reached with the Board soon after the 1954 amendments whereby it would advise disability beneficiaries under that program of the possible advantages of the freeze and accept freeze applications from those who wished to file. By June 30, 1957, the Board had received 35,000 freeze applications. Using the disability evaluation guides of the Bureau of Old-Age and Survivors Insurance, the Board is evaluating these applications and submitting disability recommendations for Bureau review. Differences of opinion are reconciled through periodic discussions between Board and Bureau disability staff.

Policies and Procedures Development of Policy

In developing the policies essential to effective operation of these new provisions, the Bureau conducted extensive research and conferred with experts on policies and methods of operation. Study of other disability

program experience proved helpful in the planning that had to be completed in the brief period between enactment of the legislation and initiation of the program.

Coordinated policies had to be rapidly prepared for use by district offices, State agencies, and the Bureau's central office. Disability applicants were to be interviewed and their case files compiled in more than 550 geographically dispersed district offices, and determinations of disability were to be made by 56 contracting agencies. It was thus essential that the basic policies for securing evidence and evaluating disability be uniformly understood.

The problem of achieving sound adjudication in the complex area of disability evaluation would have been a major one even if the decisions were to be made by a compact group of evaluators working in one central office and under uniform administrative direction. Since decisions were to be made by scattered evaluation teams representing 56 different jurisdictions, the problems of achieving uniform understanding and effective communication presented a formidable challenge.

Evaluation of Disability

Disability is defined in the Social Security Act as inability to work in any substantial gainful activity because of any medically determinable physical or mental impairment that can be expected to result in death or to last indefinitely. The definition is thus in general terms. It does not answer specifically such questions as: What is "long-continued and indefinite duration"? What constitutes "substantial gainful activity"? What is "medically determinable"?

There appeared to be an implicit understanding throughout the hearings, debates, and reports on the disability legislation that Congress was concerned with impairments that could be expected to continue for so extended a period that they might well be characterized as permanent, although this term was not used in the law. As a consequence, the requirement of "long-continued and indefinite duration" has been interpreted to exclude any impairment that can be expected to improve to such an extent in the reasonably

near future that it would no longer prevent the individual from engaging in substantial work. Moreover, if by reasonable effort and with safety to himself the individual could achieve recovery or substantial reduction of the symptoms of the condition,⁷ the impairment would not meet the "long-continued and indefinite" requirement.

"Inability to engage in substantial gainful activity" is the most difficult element in the definition. This phrase is not construed to mean that complete and irrevocable helplessness must be demonstrated. Congressional deliberation indicated, however, that the definition was intended to mean "total," in the sense that it refers to inability to engage in substantial gainful work of any type, not merely the kind of work the applicant has usually engaged in. Thus, an individual who has been advised to give up his particular kind of work in order to make his medical treatment more effective or who can no longer meet the physical or mental demands of his job is not necessarily disabled under the definition of disability under the Social Security Act. Although a prediction that the individual will never regain an ability to work is not required, there must be (1) a reasonable expectation that a medically determinable condition of serious proportions exists that will continue indefinitely and (2) a finding of a present inability to engage in any substantial gainful work because of such impairment.

This concept of disability differs in several respects from those underlying some of the other disability programs in this country. Industrial programs, for example, in their approach to the problem of retirement because of disability understandably tend to emphasize the employee's inability to continue at his regular job or to work satisfactorily at other jobs available in the company, rather than his inability to do any kind of substantial work. Disability determinations under the Social Security

Act sometimes differ, also, from those made under private insurance contracts, which often presume extended duration of the disability if it has lasted at least 6 months, or from decisions under workmen's compensation programs and other public programs, primarily because of statutory differences.

A handicapped person may find it difficult or impossible to engage in substantial gainful work even though his condition is not so severe as to prevent him from doing many kinds of work. Social and economic factors affect the individual's ability to obtain and to retain employment in a competitive setting. Among these factors are fluctuations in the level of business activity, variations in the ability of an individual to find job openings, pre-employment physical requirements, hiring policies, and restrictions in employers' insurance contracts. Those who apply for disability benefits are usually not working and are under some employment handicap because of a physical or mental impairment. A finding of "disability" cannot be made, however, unless the impairment is found to be the *primary* cause of the individual's separation from the labor market.

Faced with the problems of evaluating disability on a large scale, the Bureau found it essential to develop and to keep refining evaluation guides—a tool that helps to get the job done with facility and uniformity. Guides that contain clinical descriptions of the most common disabling conditions have been prepared with the assistance of the Medical Advisory Committee and participating State agencies. These guides describe more than 130 impairments and show the symptoms and clinical and laboratory findings that usually exist when the condition has become so severe that most persons so afflicted would be unable to engage in substantial gainful work. Not all persons so afflicted will be equally disabled, but the impairments described are set at a level of severity that will be presumptively disabling in the absence of conflicting evidence.

Examples of some impairments that, if the claimant is not actually working, would be considered severe enough to prevent substantial gainful activity are:

1. The loss of the use of two limbs.

2. Certain progressive diseases that have resulted in the physical loss or atrophy of a limb, such as diabetes, multiple sclerosis, or Buerger's disease.

3. Disease of the heart, lungs, or blood vessels that has resulted in a major loss of heart or lung reserve as evidenced by X-ray, electrocardiogram, or other objective findings and that, despite medical treatment, produces breathlessness, pain, or fatigue on slight exertion, such as walking several blocks, using public transportation, or doing small chores.

4. Cancer that is inoperable and progressive.

5. Damage to the brain or a brain abnormality that has resulted in severe loss of judgment, intellect, orientation, or memory.

6. Mental disease (psychosis or severe psychoneurosis) requiring continued institutionalization or constant supervision of the affected individual.

7. The loss or diminution of vision to the extent that the affected individual has central visual acuity of no better than 20/200 in the better eye after best correction or has an equivalent concentric contraction of his visual fields.

8. Permanent and total loss of speech.

9. Total deafness uncorrectible by a hearing aid.

The guides greatly facilitate the handling of cases in which, from the standpoint of medical evidence alone, the impairment is clearly disabling, and there is no evidence to the contrary. The guides serve also as a training device and a standardization tool. They do not, however, represent a rating schedule, nor would an applicant be denied simply because his impairment was not severe enough to be presumptively disabling.

In determining if an individual's impairment makes him unable to engage in substantial work—whether or not the condition is presumptively disabling—primary consideration is given to the severity of the impairment as established by medical evidence, but consideration is also given in all cases to such other factors as the individual's education, training, and work experience. Thus, an im-

⁷House Report No. 1698, Eighty-third Congress, second session; also *Social Security Amendments of 1954: Report of the Committee on Ways and Means, House of Representatives, to accompany H.R. 9366*, page 23.

pairment that approaches but does not meet the level of presumptive disability is not the basis for denial of the application. In such cases the impairment is carefully evaluated to determine whether, for the particular applicant, it so severely limits his ability to perform significant functions—such as moving about, handling objects, hearing or speaking, reasoning or understanding—that he is unable, with his training, education, and work experience, to engage in any kind of substantial gainful activity.

In only a small proportion of cases has a disabled person filed his claim while still engaged in some kind of gainful activity or returned to work after having had a period of disability established. The Bureau's experience in determining capacity for substantial gainful activity, when the disabled person is actually working, indicates that generally the work and earnings involved are either clearly substantial or clearly insignificant. In the great majority of cases, however, the individual has performed no work of any kind since his disability caused him to stop work, and one of the most difficult aspects of the disability determination is deciding if there is a capacity for substantial gainful activity even though the individual is not working.

Some individuals with seriously handicapping impairments find it possible to work in a sheltered setting or under special conditions in which the employer grants significant concessions or sets up special working conditions. Sheltered employment is generally defined as productive, remunerative work especially suited to the impairment of a handicapped individual and having as its objective his physical restoration, psychological readjustment, and subsequent participation in the regular labor force. The principal sources of such work are nonprofit voluntary agencies, organized to assist the handicapped.

Under the disability provisions of the Social Security Act, an individual in sheltered work might be found "able to engage in substantial gainful activity" if he were, in fact, actually doing substantial work on a reasonably regular basis and for substantial pay. When work under shel-

tered conditions ends, however, the individual often cannot find work in the competitive labor market and may not again be able to secure the advantage of special working conditions. Generally, therefore, an individual who would be found disabled if he were not working under special conditions is not considered to have demonstrated a capacity for other work.

Work on a trial basis is not considered as substantial gainful activity until there has been time to evaluate adequately the success or failure of the employment attempt. Work attempts that are of short duration and end because of the worker's health are generally considered unsuccessful and thus do not constitute substantial gainful activity. In effect, the governing factor in determining ability or inability to "engage in substantial gainful activity" is the actual capacity for gainful work as shown by the physical and mental demands of the job, the hours of work, the nature of the duties, the amount of earnings, and the continuity and duration of the effort.

Claims Process

The disabled individual usually first learns about the new disability protection through one of the many sources reached by the Bureau's district offices in their public informational activities. He may learn about it from his doctor, the newspaper or radio, his employer or union, or his friends. The individual—or, if he is unable to do so, his representative—gets in touch with the local district office.

Here he receives information as to his rights and obligations. He may decide to file an application, or he may decide not to file an application for a disability determination if he finds he did not work long enough in covered employment to meet the earnings requirements of the law or if his disability is temporary, partial, or otherwise less severe than it would have to be for him to qualify. If he decides to apply, he receives assistance from the district office in filing his application and in securing necessary proofs. The applicant supplies basic information on the nature and extent of his impairment, the medical treatment he has received, his

education and work experience, and other facts needed for a sound determination of disability—his age, for example, the extent of his physical mobility, and the receipt of rehabilitation services or disability benefits under another program.

The applicant is responsible for presenting sufficient medical evidence to establish a reasonable likelihood that he has an impairment that meets the requirements of the law. This evidence includes medical and hospital reports giving the history of his condition, the diagnosis, and supporting clinical findings. Not only the nature of the impairment must be shown but also its severity. The medical evidence is handled in a way that protects the doctor-patient relationship and the individual's rights. Regulations prohibit disclosure except in specific situations, such as for use in vocational rehabilitation considerations. The district office provides the applicant with one or more report forms, which he usually takes to his physician for completion. The physician returns the form directly to the district office. Although the individual is encouraged to take the forms himself to the physician if the current status of his disability is involved, in some instances he may need medical evidence of earlier treatments or examinations; he will then be assisted in requesting information by mail from the doctor, hospital, or other source.

The medical report form, used by applicants to request information from their physicians or other medical sources, was designed with the assistance of the Medical Advisory Committee and was modeled after the standard forms used by most insurance companies to simplify doctors' reporting problems. Some special forms have been developed for use by mental hospitals where the applicant is hospitalized for a chronic mental impairment. The physician or hospital may, however, furnish the report in any convenient form—such as a narrative summary or a photocopy of records. If the records are being held by a government agency or a public or private institution, the district office may request a report directly from the source.

When the file is complete, it is forwarded by the district office to

the contracting agency in the individual's State or to the Division of Disability Operations for a determination of disability. In the State agency the case is assigned to a special disability determination unit, where the determinations are made by the State evaluation team (consisting of at least one doctor and one other person skilled in disability evaluation). All the evidence the individual has submitted is reviewed, and, if necessary, the State agency takes further steps to document the case more fully. Agency personnel may ask the applicant for additional information and may obtain, from appropriate sources, needed supplementary medical information, reports of psychological or vocational tests and studies, and information on employment and other matters.

Although the evidence in a particular case may indicate a reasonable likelihood that a claimant is disabled, more definitive clinical reports or other medical evidence is sometimes necessary to arrive at a sound decision or to resolve conflicts in the evidence. The State agency may, in such cases, authorize consultative examinations at Federal expense. Selection of consulting examiners and payment of fees are governed by State practices.

The State agency team makes its determination and fixes the date of onset (and termination, if any) of the disability. This determination is sent, with the complete file, to the Bureau's central office in Baltimore for review. Legally the State agency decisions that are unfavorable to the applicant cannot be reversed by the Bureau; his recourse in such instances is a request for reconsideration by the State agency or a hearing before a referee of the Appeals Council of the Social Security Administration. The Bureau corresponds with the State agency whenever it has a question about the handling of any individual case. All determinations are reviewed to ensure consistency of understanding of the disability requirements and reasonable uniformity in results among the State agencies; proper adjudication and equitable treatment of each applicant's rights under title II of the Social Security Act are thus assured. When State agency determinations

have been examined and approved, they become by law the decisions of the Secretary of Health, Education, and Welfare. General consistency is achieved through a system for communicating policy and procedural decisions and through training and conference techniques. The same instructions, guides, and training materials governing determinations made by the Bureau are applied in the review of State agency cases.

The Bureau formally notifies the applicant of the final determination made in his case. If the application is denied, or a date different from that alleged for the onset of the disability is established and the applicant wishes to request reconsideration, he may submit supporting evidence or information. If the initial determination was made by a State agency, the Bureau returns the file to that agency for reconsideration. After reconsideration a new notice, affirming or reversing the previous action, is sent to the applicant by the Bureau. If an individual whose claim is denied chooses to request a hearing before a referee of the Appeals Council and the original decision is upheld by the referee, he may then ask that the case be reviewed by the Appeals Council. If the referee's decision is upheld by the Appeals Council, the individual may request judicial review in a United States District Court.

When a determination of disability has been made for an individual applying for a benefit on disability, his case file is sent to one of the Bureau's six payment centers in different parts of the country. There such nondisability aspects of the claim as age, insured status, and dependency are adjudicated, and benefits are certified for allowed claims.

A period of disability once allowed may be terminated in certain circumstances. Most common are the improvement of the impairment so that the individual is again able to work and the actual return of the individual to substantial gainful work. An applicant who has been found disabled is responsible for notifying the Bureau if either of these events occurs. Possible improvement in medical condition is periodically checked by means of

reexaminations, scheduled in accordance with the nature of the impairment and the likelihood of significant change for the better. When a disabled individual returns to work, the Bureau may be put on notice by the individual's own report, by the employer's quarterly report showing earnings posted to his account after the disability had been established, and from other sources, such as a report of successful rehabilitation by a State agency. The continuance or termination of a period of disability is determined under the same rules as are the original determinations of disability.

To become entitled to disability insurance benefits, an application must be filed for such benefits. Thus, persons who have been allowed a period of disability under the freeze provisions do not automatically qualify for benefits upon attainment of age 50. At that time, the continuance of the disability must be affirmed or reestablished. It may be necessary to furnish additional medical evidence with the application for benefits.

Vocational Rehabilitation Services

Disability evaluation is closely associated with steps for vocational rehabilitation. Congress placed in the 1956 amendments to the Social Security Act the following statement of policy for referral for rehabilitation services:

It is hereby declared to be the policy of the Congress . . . that disabled individuals applying for a determination of disability shall be promptly referred to the State agency or agencies administering or supervising the administration of the State plan approved under the Vocational Rehabilitation Act for necessary vocational rehabilitation services, to the end that the maximum number of such individuals may be rehabilitated into productive activity.

Following this policy the Office of Vocational Rehabilitation and the Bureau of Old-Age and Survivors Insurance, consulting with State agency officials, set up procedures so that persons inquiring about their rights under the disability provisions could be considered for rehabilitation serv-

ices by the vocational rehabilitation agency in the State in which they reside. Initially, the signed consent of disabled individuals was necessary before referral could be made. A revision of regulations in 1956, however, eliminated this requirement.

Every disabled person applying for a determination of disability receives a full and complete evaluation of the medical and nonmedical facts in his file for old-age, survivors, and disability insurance purposes. At the same time his potentialities for rehabilitation are assessed, on the basis of this evidence, under criteria furnished by the vocational rehabilitation agency. If, from the initial screening, rehabilitation seems possible, copies of pertinent medical or other evidence in the individual's disability file accompany a formal referral to a vocational rehabilitation counselor. The counselor then studies the case to determine whether services may be offered to the individual under the State rehabilitation program. For those who are identified as having vocational rehabilitation prospects, this policy of close coordination makes it possible for the vocational rehabilitation agencies to promptly consider them for services. Ability to provide the needed medical and vocational services for all the disabled persons who are referred may, of course, be limited by the agency's lack of funds, facilities, and skilled personnel.

The vocational rehabilitation agency also reports to the Bureau of Old-Age and Survivors Insurance on whether it accepts each referred case for further consideration. When an applicant is accepted, subsequent reports are also made on whether he has been offered services and, if so, on the outcome of the rehabilitation plan. Any refusal to accept services is also reported. These reports are an important factor in helping the Bureau of Old-Age and Survivors Insurance to carry out its responsibility for determining whether disability still continues after services are completed and whether the issue of refusal of services without good cause needs to be investigated.

The policies governing the development of evidence for the disability program require that full medical and nonmedical information be se-

cured concerning each disabled individual's impairment and residual capacities. Thus the disability determination process produces information that is directly pertinent in assessing the applicant's rehabilitation potentialities and in the rehabilitative process itself. The rehabilitation activities of the agencies are, however, financed by the regular funds of the rehabilitation program. The Bureau of Old-Age and Survivors Insurance pays only the costs incurred by the contracting agencies in determining whether an applicant is and continues to be disabled for purposes of the Social Security Act.

The 1956 amendments require that disability benefit payments be suspended so long as the individual refuses, without good cause, to accept available rehabilitation services under a State plan. A State agency report that services have been declined does not, in itself, mean the loss of right to payments but does put the Bureau on notice that it may be necessary to suspend benefit payments. Each case is carefully investigated before a decision is made that an individual who has refused rehabilitation services—knowing the value of vocational rehabilitation services and the effect on his benefit rights of such refusal—has refused the services without good cause. The law, however, provides that refusal to accept rehabilitation services shall be deemed to be for "good cause" if the individual belongs to a church that teaches reliance on prayer as the sole treatment for physical or mental impairments.

Another provision in the 1956 amendments states that an individual who is receiving disability benefits and who is working under an approved State plan for his rehabilitation may still be considered as meeting the definition of disability for 12 months after he begins such work. This provision and the one imposing benefit suspensions for refusal of rehabilitation services without good cause are designed to encourage rehabilitation; the Bureau feels that their administration should be as compatible as possible with rehabilitation objectives and is developing policies to this end. State agencies have asked that policies be developed collaterally and in accordance with

dual program requirements and objectives. As the Bureau moves forward in carrying out both provisions, it is taking advantage of the knowledge and advice of professional personnel from State and other rehabilitation organizations and from the Office of Vocational Rehabilitation in the Department of Health, Education, and Welfare.

Relationships With Medical Groups

The Medical Advisory Committee presents the viewpoints of medical and other professional groups on proposed policies relating to the operation of the disability provisions. One of its main functions has been to provide professional guidance in the formulation of medical criteria for evaluating disability. In addition, the Committee aids in promoting mutual understanding and working relationships among the Social Security Administration, cooperating State agencies, and physicians generally, and it interprets to the medical profession the problems and objectives of the disability determination process.

The Committee membership was drawn from all parts of the country and represents medical and related professions having a common interest in the problems of the disabled. The unbroken service of all of the original members and the Committee's continued functioning after disability insurance benefits had been established by the 1956 amendments have resulted in especially effective working relationships with Bureau staff. The Committee has met six times—three times in 1955, twice in 1956, and once in the first half of 1957. It has published one report,⁸ and a second report is in preparation. Specific Committee recommendations are made directly and informally to the Bureau.

The Board of Trustees of the American Medical Association in September 1956 appointed a committee on medical rating of physical impairment. One of this committee's important functions is to provide liaison between the Association and

⁸ Medical Advisory Committee Report and Recommendations on the Administration of the OASI Disability Freeze Provision, July 1955.

the Bureau of Old-Age and Survivors Insurance.

In administering the disability program, the Bureau and participating State agencies consider the promotion of sound and effective relationships with physicians to be a function of major importance. Informational materials prepared by Bureau and State agency staff and by the Medical Advisory Committee have been published and used by various professional medical associations, including State and county medical societies. The American Medical Association also has developed and published its own informational materials to assist physicians in cooperating in the disability program.⁹

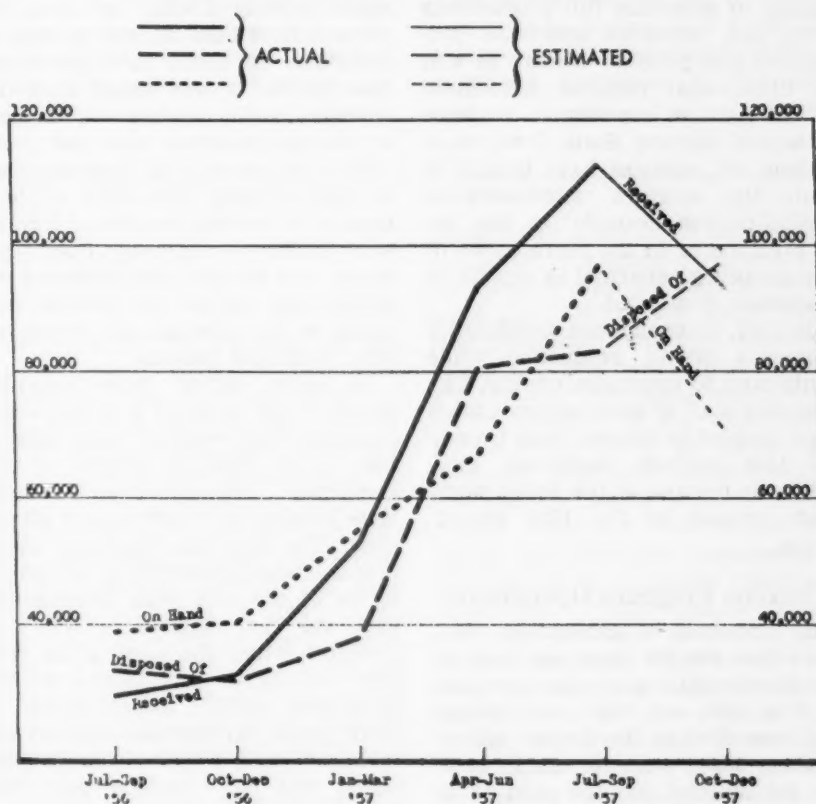
Operations in State Agencies

Each contracting agency, although performing disability operations for the Bureau of Old-Age and Survivors Insurance, must operate within the framework of its State laws, organization, and administrative practices. Accordingly, the Bureau has had to develop management guides, policies, and procedures that permit some adaptation to individual State needs. Basic instructions to the States on administration cover such areas as accountability for funds, the propriety of expenditures, the distribution of costs when more than one program is involved, submittal of budgets and reports, and case controls. Procedures for evaluation and for case flow are also set forth, with their implications for staffing and organization. In addition, the Bureau carries on a survey program, arranges for technical and administrative training and conferences, and provides on-the-spot management assistance as requested by the State or as the need is detected in operational reviews.

The costs that the State agencies incur in making disability determinations are paid from appropriations made by Congress for the administrative expenses of the old-age, survivors, and disability insurance program. On the basis of budget estimates the Bureau advances money to the States. Any unexpended balance

⁹ See the *Journal of the American Medical Association*, June 1, 1957, pages 566-571.

Chart 2.—State agency operations: Disability cases received, disposed of, and on hand, by quarter, July 1956–December 1957¹



¹ Data for July 1956–September 1957 from State agency reports, for October–December 1957 estimated.

of these advances existing at the end of the budget period is used to finance costs in succeeding budget periods.

Existing State practices for handling Federal funds and the State's choice of a depository for funds are usually acceptable to the Bureau. Funds must be identifiable, however, on the State's records. Accounting records and reports and supporting documents permit verification by Federal fiscal audit and by the Bureau in its administrative review.

The Bureau works closely with the State agencies in the preparation of their budget estimates. The agencies submit budgets, item by item, for specific objects of expenditure such as personnel, equipment, and medical costs. Their expenditures are not subject, however, to control on that basis. State agencies must keep within the limitation of the total

funds advanced for any period on the basis of an approved budget, although they may request and justify an increase for any period.

Although most States were able to establish an organization for handling freeze cases by the end of 1955, few achieved full operation in that year. Some agencies continued to have difficulty during 1956 because of large workloads. Inability to staff the program as fast as the workload developed resulted in heavy pending claims loads and long delays in the processing of some cases. Priority in processing was given to freeze cases that would result in immediate old-age and survivors insurance benefit increases and to claims in which disability benefits could immediately be paid.

The quality of the determinations has not, however, been a problem. In most agencies quality was achieved

at an early point. Where difficulties have been encountered they were primarily in achieving full productivity with new personnel and with procedures and policies—Bureau as well as State—that required refinement in the light of experience. In some instances existing State laws, regulations, or practices have tended to limit the agencies' administrative flexibility—for example, in the use of overtime or in the recruitment of the necessary personnel as rapidly as workloads demanded.

In 1957, State agencies significantly increased overall production while continuing to emphasize quality. The disability staff of State agencies more than doubled in number from December 1956 through September 1957, primarily because of the added workloads created by the 1956 amendments.

Current Program Operations

By the end of September 1957, more than 900,000 initial applications for the disability protection provided by the 1954 and 1956 amendments had been filed in the district offices; of these 52,000 were for child's benefits for disabled persons aged 18 or over. The overwhelming proportion of disability applications have been filed by workers aged 50–64. Since October 1, 1956, when application could first be made for monthly disability insurance benefits, more than three-fourths of all new applications filed by disabled workers have been for cash benefits. This relationship is illustrated in chart 1, which shows, by type, the number of disability applications filed in district offices for each month since the beginning of the program.

Final determinations have been made on about 620,000 applications, including almost 34,000 for child's benefits from disabled children aged 18 or over.¹⁰ Of the latter almost

¹⁰ Data on benefit payments will not correspond with figures on disability applications filed, processed, and allowed or denied, since the payment figures do not include cases where the disability freeze is applicable but there is no immediate eligibility for benefits and since both disabled workers' and disabled children's applications may have been denied for other reasons of eligibility, such as age or dependency.

30,000 have been found to be disabled. Of the disabled workers of all ages, approximately 324,000 or about 55 percent have been allowed periods of disability. In about three-fourths of the denials, it was found that the severity of the applicant's physical or mental condition was not great enough to prevent him from engaging in gainful work; the other applications were denied because of lack of work sufficient under the Social Security Act to meet the program requirements, failure to provide evidence or to prosecute the claim, or other technical reasons.

In about 50,000 cases—approximately 1 out of every 6 denials—the applicant has requested reconsideration. More than one-fourth of the completed reconsideration actions have resulted in a subsequent allowance. The principal reason for these reversals was the additional documentation of the case with information that was not supplied or was not available when the application was first filed; in many of these cases independent medical examinations at Government expense subsequently established that the individual's disability was more serious than the original evidence showed.

More than 12,000 applicants have carried their disagreement with the decision to a request for hearing before a referee. In more than 2,800 of these requests the Bureau has reversed the original decision before the hearing on the basis of additional evidence presented. In the approximately 2,900 cases on which the referees completed the hearings actions, about 4 percent were changed to a favorable decision. In the remaining cases awaiting a hearing, almost a third are still being developed in the Bureau or State agencies for additional or clarifying evidence.

The large number of applications filed since the enactment of the 1956 disability provisions has resulted in exceptionally high pending loads. Continued heavy workloads are anticipated for another year at least. Chart 2 depicts the progress of receipts and dispositions and shows pending loads at various dates.

At the end of September 1957 there were 120,000 disabled workers aged 50–64 receiving monthly benefits un-

der the old-age, survivors, and disability insurance program at a monthly rate of \$8.7 million. Additional disabled workers will become beneficiaries in succeeding months. The average disability insurance benefit for September 1957 was \$72.24, after reductions because of the receipt of other disability pensions or benefits.

In addition to the monthly benefits payable because of disability, nearly 47,000 old-age insurance beneficiaries had increases that averaged \$9.72 a month during July 1955–February 1957 as a result of the disability freeze. This increase was attributable to the exclusion of a period of disability and/or the dropout of up to 5 years of lowest earnings (when eligibility for the dropout stemmed from the disability freeze) in computing the worker's average monthly wage. In addition, about 23,000 monthly benefits payable to dependents of these retired workers, as well as to survivors of workers who had established a period of disability before death, were increased because of the freeze. For the same reason, lump-sum death benefits payable on the earnings records of about 11,000 deceased workers were increased by an average amount of \$21.81 per worker.

The great majority of the disability insurance beneficiaries, as well as of applicants for a period of disability at all ages, are disabled by chronic diseases rather than by crippling injuries. Preliminary tabulations¹¹ show that, among applications approved so far, about one-fourth were from workers disabled by heart ailments and diseases of the blood vessels. Another one-fourth were disabled by diseases of the nervous system and impaired sight or hearing. One-eighth were suffering from mental disorders. Most of the applicants who have been turned down were suffering from similar ailments but not of the permanence or severity of those allowed.

Conclusion

The disability insurance provisions of 1954 and 1956 have added a new

¹¹ See *Annual Statistical Supplement, 1955*, and *Annual Statistical Supplement, 1956* (in process).

dimension to the protection the old-age, survivors, and disability insurance program provides. The early administration of these provisions required that the Bureau establish an effective working basis for a new and unique governmental relationship

with the States; that it bring into being an administrative framework and assemble the technical skills needed to handle the complex problem of disability evaluation; and that it establish policies and procedures that would lead to uniform treat-

ment of all applicants regardless of where they filed their claims. The period ahead will be one of refinement of basic policies and processes, of operational improvements, and of continuing evaluation of the program.

Notes and Brief Reports

Selected Sources of Money Income for Aged Persons*

The slow downward trend in the labor-force participation rate of aged men appears to be continuing. In June 1957, it is estimated, fewer than 4.2 million persons aged 65 and over received cash income from employment either as earners or as wives of earners. A large proportion of the earners worked part time or intermittently, and consequently many of them were also drawing retirement benefits.

The year ending June 30, 1957, saw a net increase of more than 1.2 million in the number of persons aged 65 and over receiving old-age and survivors insurance benefits. Since the total number of aged persons in the United States is estimated to have increased during the year by only about 350,000, the proportion of the aged benefiting under the old-age, survivors, and disability insurance program increased almost one-sixth to 52 percent. In addition to the 7.8 million persons aged 65 and over with benefits in current-payment status in mid-1957, 1.8 million were eligible for but not receiving benefits. Thus, the number protected represented almost two-thirds of the entire population aged 65 and over—more than three-fourths of the men and more than half of the women.

More than 2.2 million aged persons were receiving benefits in June 1957 under the retirement programs for railroad workers and government employees, the pension and compensa-

tion programs for veterans, or the unemployment insurance programs. Certainly more than one-fifth but possibly a much larger proportion of these persons were also old-age and survivors insurance beneficiaries.

Despite the phenomenal growth in the old-age, survivors, and disability insurance program, public assistance in mid-1957 still provided the main support for nearly 2 million aged persons—two-thirds of them women—and supplemented old-age and survivors insurance benefits for about 570,000 persons whose needs, as measured by State public assistance standards, exceeded their income.

Taken together, persons receiving income under one or both of the income-maintenance programs for the aged under the Social Security Act made up almost two-thirds of all the aged. The proportion was only slightly higher for men than for women, although men were much more likely than women to receive insurance benefits.

In previous *Notes* in this series, the number of persons receiving income

concurrently from both employment and social insurance programs and the number receiving benefits under more than one of the social insurance programs have been estimated. The data used were from various sources, but the primary reliance was on the findings of the 1951 nationwide sample survey of old-age and survivors insurance beneficiaries on the rolls in December 1950. Several factors relating to the old-age, survivors, and disability insurance program make it no longer feasible to make even a rough estimate of these overlaps: the total number of aged persons receiving benefits under the program has tripled since 1951; today beneficiaries include persons from almost all types of employment, whereas in December 1950 only wage and salary workers in industry and commerce were eligible; and the retirement test has been substantially modified. Consequently, it is not possible to estimate the number of aged persons supported entirely from sources other than employment or a public income-maintenance program.

Field work has just been started on a cross-section sample survey of the resources of old-age and survivors insurance beneficiaries on the

Table 1.—Number of persons aged 65 and over receiving money income under one of the Social Security Administration programs and estimated number with income from employment, June 1957¹

[In thousands]

Selected sources of money income	Total	Male	Female
Total population aged 65 and over.....	14,870	6,830	8,040
Old-age, survivors, and disability insurance.....	7,810	3,980	3,830
Public assistance: ²			
Public assistance, no old-age, survivors, and disability insurance.....	1,980	650	1,330
Public assistance and old-age, survivors, and disability insurance.....	570	320	250
Employment: ³	4,180	2,500	1,680
Earners.....	3,260	2,500	760
Earners' wives not themselves employed.....	920		920

¹ Continental United States, Alaska, Hawaii, Puerto Rico, and the Virgin Islands.

² Old-age assistance recipients and persons aged 65 and over receiving aid to the blind. Includes 16,600 persons receiving vendor payments for medical care but no direct cash payment.

³ Estimated in the Division of Program Research on the basis of published and unpublished data from the Bureau of the Census.

* Prepared by Lenore A. Epstein, Division of Program Research, Office of the Commissioner.

rolls in December 1956. This study will provide the needed data on the proportion of aged beneficiaries with earnings and/or income from each of the other public income-maintenance programs at the end of the survey year. In addition, it will yield useful information on the amount of income received in 1957 from such sources, from private pensions, and from private investments and the amount of contributions from relatives and friends. As soon as the appropriate data from this study are available, it should be possible to revise and continue the series of estimates on income sources of the aged on a semiannual basis.

Workmens Compensation Payments and Costs, 1956*

Payments for wage loss and medical benefits under workmen's compensation programs hit the \$1-billion mark in 1956, registering a 9.6-percent gain over 1955. This rate of increase was the largest since the upward spiral generated by the booming defense economy of 1951 and 1952. The intermediate years of 1954 and 1955 saw a slackening in the rate of increase to a low of 4 percent.

The rise in payments took place despite the fact that the number of disabling work injuries—compensable and noncompensable—to employees increased only 3 percent in 1956, according to the Bureau of Labor Statistics estimates. Apparently more influential in pushing benefits to new heights were (1) rising wage levels on which cash benefits were based and rising medical care costs and (2) liberalization of State workmen's compensation laws.

As a rough indication of the higher wages to be compensated, payrolls covered by workmen's compensation increased 8.2 percent—from an estimated \$161.5 billion in 1955 to \$174.8 billion in 1956. Covered workers in an average week in 1956 numbered an estimated 41-42 million, roughly

2 million more than in the preceding year.

During 1955 and 1956 almost three-

fourths of the States enacted legislation that improved medical coverage or raised cash benefits for death

Estimates of workmen's compensation payments, by State and type of insurance, 1956 and 1955¹

[In thousands]

State	1956				1955				Percentage change in total payments, 1956 from 1955
	Total	Insurance losses paid by private insurance carriers ²	State fund disbursements ³	Self-insurance payments ⁴	Total	Insurance losses paid by private insurance carriers ²	State fund disbursements ³	Self-insurance payments ⁴	
Total.....	\$1,003,077	\$619,037	\$258,850	\$125,190	\$915,435	\$562,515	\$238,485	\$114,435	+9.6
Alabama.....	4,862	3,892	—	970	4,268	3,418	—	850	+13.9
Arizona.....	7,972	199	7,573	200	7,030	164	6,686	180	+13.4
Arkansas.....	5,603	4,593	—	1,010	5,156	4,226	—	930	+8.7
California.....	98,031	64,322	23,131	10,578	89,359	59,111	20,373	9,875	+9.7
Colorado.....	7,190	2,534	4,001	855	6,514	2,262	3,662	590	+10.4
Connecticut.....	16,812	15,132	—	1,680	15,938	14,343	—	1,595	+5.5
Delaware.....	1,445	1,155	—	290	1,209	969	—	240	+19.5
Dist. of Col.....	2,873	2,660	—	213	2,550	2,360	—	190	+12.7
Florida.....	20,810	19,080	—	1,730	18,011	16,511	—	1,500	+15.5
Georgia.....	9,333	7,978	—	1,355	7,617	6,507	—	1,110	+22.5
Idaho.....	3,669	2,417	737	515	3,598	2,357	736	505	+2.0
Illinois.....	53,326	43,728	—	9,598	45,688	37,060	—	8,628	+16.7
Indiana.....	16,538	14,088	—	2,450	13,064	11,129	—	1,935	+26.6
Iowa.....	7,759	6,299	—	1,550	6,707	5,367	—	1,340	+15.7
Kansas.....	9,442	7,552	—	1,890	8,176	6,541	—	1,635	+15.5
Kentucky.....	10,236	7,011	—	3,225	9,314	6,379	—	2,935	+9.9
Louisiana.....	22,254	18,859	—	3,395	19,573	16,588	—	2,985	+13.7
Maine.....	2,427	2,112	—	315	2,387	2,077	—	310	+1.7
Maryland.....	13,995	10,411	1,679	1,905	12,087	9,048	1,459	1,600	+15.8
Massachusetts.....	36,517	33,812	—	2,705	33,361	30,891	—	2,470	+9.5
Michigan.....	34,819	22,612	2,217	9,990	31,049	19,938	2,061	9,050	+12.1
Minnesota.....	16,508	13,733	—	2,775	14,949	12,399	—	2,550	+10.4
Mississippi.....	5,520	5,027	—	493	4,718	4,215	—	503	+17.0
Missouri.....	17,945	15,390	—	2,555	16,613	14,173	—	2,440	+8.0
Montana.....	4,878	3,452	2,715	711	4,238	1,359	2,223	656	+15.1
Nebraska.....	4,125	(9)	—	106	3,540	3,460	—	80	+6.7
Nevada.....	4,125	(9)	3,930	195	3,616	2	3,444	170	+14.1
New Hampshire.....	2,635	2,585	—	50	2,386	2,341	—	45	+10.4
New Jersey.....	45,463	39,526	—	5,937	44,179	38,085	—	6,094	+2.9
New Mexico.....	5,513	5,143	—	370	4,812	4,457	—	355	+14.6
New York.....	149,692	92,880	37,855	18,957	143,909	89,973	35,742	18,194	+4.0
North Carolina.....	11,041	9,126	—	1,915	10,026	8,276	—	1,750	+10.1
North Dakota.....	1,914	1	1,913	—	1,895	—	1,890	—	+1.0
Ohio.....	76,562	114	66,478	9,970	69,314	117	60,167	9,030	+10.5
Oklahoma.....	15,439	12,226	2,013	1,200	13,248	10,369	1,697	1,182	+16.5
Oregon.....	18,605	1,600	17,005	—	15,721	1,443	14,278	—	+18.3
Pennsylvania.....	42,928	26,658	3,320	12,950	37,839	23,262	3,162	11,415	+13.4
Rhode Island.....	5,964	5,634	—	330	5,926	5,626	—	300	+6
South Carolina.....	5,571	4,491	—	1,080	5,239	4,219	—	1,020	+6.3
South Dakota.....	1,129	949	—	180	1,120	935	—	185	+8
Tennessee.....	11,186	8,886	—	2,300	9,529	7,719	—	1,810	+17.4
Texas.....	54,136	54,136	—	—	50,027	50,027	—	—	+8.2
Utah.....	3,039	1,063	1,471	505	2,461	907	1,144	410	+23.5
Vermont.....	1,465	1,330	—	135	1,200	1,090	—	110	+22.1
Virginia.....	9,222	7,527	—	1,695	8,169	6,669	—	1,500	+12.9
Washington.....	19,416	396	18,660	360	19,351	388	18,603	360	+3
West Virginia.....	13,068	57	12,124	887	12,372	57	11,502	813	+5.6
Wisconsin.....	18,377	15,062	—	3,315	16,697	13,687	—	3,010	+10.1
Wyoming.....	1,415	18	1,397	—	1,361	9	1,352	—	+4.0
Federal employees ⁵	50,631	—	50,631	—	48,324	—	48,324	—	+4.8

¹ Data for 1956 preliminary. Calendar-year figures, except that data for Montana and West Virginia, for Federal employees, and for State fund disbursements in Idaho, Maryland, Nevada, North Dakota, Oregon, and Utah represent fiscal years ended in 1955 and 1956. Includes benefit payments under the Longshoremen's and Harbor Workers' Compensation Act and the Defense Bases Compensation Act for the States in which such payments are made.

² Net cash and medical benefits paid by private insurance carriers under standard workmen's compensation policies. Data primarily from the *Spectator: Insurance by States of Fire, Marine, Casualty, Surety and Miscellaneous Lines*, 84th and 85th annual issues.

³ Net cash and medical benefits paid by State funds; compiled from State reports (published and unpublished) and from the *Spectator*; estimated for some States.

⁴ Cash and medical benefits paid by self-insurers, plus the value of medical benefits paid by employers carrying workmen's compensation policies that do not include the standard medical coverage. Estimated from available State data.

⁵ Less than \$500.

⁶ Includes compensation payments made to individuals under the War Claims Act, to dependents of reservists who died while on active duty with the Armed Forces, and to war-risk and enemy-action cases.

* Prepared in the Division of Program Research by Alfred M. Skolnik and Thomas Karter.

cases and most types of disability. Twenty-seven States and the District of Columbia increased the maximum weekly benefits payable for temporary-total disability by 10 percent or more on the average. In some jurisdictions the maximum percentage of weekly wages used in computing benefits was increased or the total time or money limit on payments was extended. Many of the 1955 changes were first reflected in 1956 calendar-year operations.

Increased payments occurred in all States, though the rate of increase was uneven, ranging from 27 percent in Indiana to less than 1 percent in Washington, South Dakota, and Rhode Island. Regionally, the Midwestern States showed the greatest relative advance, with the Southeastern States a close second. The smallest percentage gains were scored in the New England and Middle Atlantic States.

Despite increased benefit payments, employers continued to spend about the same proportion of their payrolls to insure or self-insure their risks under workmen's compensation programs. Slightly more than \$1.6 billion is estimated as having been spent by employers in 1956; this amount represented about 93 cents per \$100 of covered payroll, compared with 94 cents in 1955. The 1956 total consists of (1) \$1,169 million in premiums paid to private insurance carriers; (2) \$325 million in premiums paid to State funds (for the Federal employees' program, which is financed through congressional appropriations, these "premiums" are the sum of the benefit payments and the cost of the administrative agency); and (3) about \$135 million as the cost of self-insurance (benefits paid by self-insurers, with the total increased 5-10 percent to allow for administrative costs).

Of the total premiums of \$1.6 billion, the benefit payments of \$1,003 million represented 62 percent—a slight increase from the 60 percent of the preceding year. The loss ratio of private carriers likewise experienced an increase—from 52 percent to 53 percent. These loss ratios were among the highest recorded in the last decade.

Private carriers were responsible for 62 percent of total benefit pay-

ments, State funds for 26 percent, and self-insurers for 12 percent. This distribution has not changed much since the early 1950's, except for a slight drop in self-insurance payments. In 1956, however, for the first time since 1951, payments made by private carriers increased at a faster rate than State fund disbursements—10.0 percent as against 8.6 percent.

Medical and hospital benefits probably account for as much as \$350 million of the total of \$1,003 million. While the greatest liberalizations in workmen's compensation laws have been made in the area of cash benefits, the higher costs of providing these benefits have been matched by the increased cost of medical services rendered to injured workmen. The estimated distributions by type of payment are shown below; data for 1956 are preliminary and those for 1955 have been revised.

[In millions]		
Type of payment	1956	1955
Total.....	\$1,003	\$915
Medical and hospitalization.....	350	325
Compensation, total.....	653	590
Disability.....	578	520
Survivor.....	75	70

Civil Service Retirement Act Amendments, 1957*

During the first session of the Eighty-fifth Congress, three laws were enacted amending the Civil Service Retirement Act. The modifications, which are of a relatively minor nature, are summarized below.

Public Law 85-58, signed June 21, 1957, relates to annuities payable to the widows of Members of Congress. Before the 1956 amendments to the Civil Service Retirement Act, the annuity to the widow was not payable (if there were no minor children) until she attained age 50. Legislation in 1956 had removed the age restriction if the death should occur after September 1956. The 1957 law made the change effective for deaths

occurring after March 31, 1956, and set July 1, 1957, as the beginning date for payment of such an annuity. The widow of any Member of Congress who died in the 6 months April-September 1956 could therefore begin drawing the annuity for July 1957, even though she was under age 50.

Public Law 85-65 (June 29, 1957) affects those Federal workers who are reemployed after separation from the service and who desire to make a deposit for noncontributory service rendered or who want to redeposit contributions previously withdrawn. The 1956 amendments required payment of interest both for periods of service and for periods in which the employee had no service under the system. The 1957 amendments exclude from the requirement payment of interest for any periods of non-service that began before October 1, 1956.

The survivorship option for retired Members of Congress who were separated from service before October 1, 1956, is also affected by Public Law 85-65. Formerly the annuity to the widow of a retired Member of Congress was payable when she reached age 50. The new legislation removes the age restriction if the Member of Congress dies after December 31, 1956. The beginning date of the annuity is June 1, 1957, or the first day of the month in which death occurred, whichever is later.

Public Law 85-177 (August 28, 1957) provides, in general, that a Federal employee who leaves his position for employment with the International Atomic Energy Agency shall retain for 3 years his status under the civil-service retirement program and the program of group life insurance for Federal employees. If the worker is separated from the Agency and wants to obtain retirement credit under the civil-service program for his Agency service (up to but not in excess of 3 years), he must, within 90 days from the date of separation, pay the deductions that would have been made from his salary and the matching departmental contributions for coverage under the Civil Service Retirement Act. To retain group life insurance coverage, the worker must make his payments concurrently with his Agency employment.

* Prepared by J. A. Lazerson, Division of the Actuary, Office of the Commissioner.

Current Operating Statistics

Table 1.—Selected social insurance and related programs, by specified period, 1940-57
[In thousands; data corrected to Nov. 7, 1957]

Year and month	Total	Retirement, disability, and survivor programs										Unemployment insurance programs			
		Monthly retirement and disability benefits ¹				Survivor benefits						Temporary disability benefits under Railroad Unemployment Insurance Act ⁹	State laws ¹⁰	Veterans' legislation ¹¹	Railroad Unemployment Insurance Act ⁹
		Social Security Act	Railroad Retirement Act	Civil Service Commission ²	Veterans Administration ³	Monthly				Lump-sum ⁷					
						Social Security Act ⁴	Railroad Retirement Act ⁵	Civil Service Commission ²	Veterans Administration ³	Social Security Act	Other ⁸				
Number of beneficiaries															
1956															
September		6,345.5	440.9	249.4	2,752.8	2,302.3	213.8	82.1	1,174.7	43.3	11.4	33.0	888.9	47.7	43.6
October		6,387.5	441.2	249.3	2,758.7	2,314.0	214.8	82.9	(12)	38.7	12.6	36.5	752.3	30.3	39.9
November		6,606.2	442.8	248.8	2,761.7	2,429.2	215.5	83.9	(12)	37.2	12.0	35.2	796.2	31.0	45.4
December		6,677.1	443.3	255.9	2,764.7	2,451.0	216.0	85.5	1,179.5	38.3	11.2	32.5	940.6	39.9	53.5
1957															
January		6,777.8	444.1	259.0	2,766.4	2,483.6	217.3	85.6	(12)	56.7	12.6	39.8	1,452.5	53.1	75.3
February		6,878.2	445.3	262.6	2,768.3	2,509.1	217.5	86.3	(12)	48.0	11.9	28.0	1,529.5	61.6	68.6
March		7,071.6	448.1	265.8	2,773.3	2,535.7	218.7	87.4	1,178.2	61.5	12.6	26.4	1,500.4	61.7	67.9
April		7,355.9	451.1	268.0	2,782.5	2,572.0	219.6	88.5	(12)	66.5	12.8	26.5	1,310.5	51.1	57.9
May		7,573.2	453.0	271.0	2,789.3	2,602.5	220.1	90.0	(12)	65.5	13.0	24.2	1,199.4	40.4	49.0
June		7,710.1	454.7	274.0	2,796.5	2,632.0	221.1	91.3	1,183.7	58.2	12.5	22.2	1,171.6	40.2	39.7
July		7,909.1	456.1	276.8	2,802.4	2,658.3	221.6	92.5	(12)	52.3	12.4	25.5	1,061.4	41.1	42.0
August		7,999.7	456.0	279.9	2,807.0	2,678.5	222.2	92.6	(12)	43.2	12.2	33.3	1,021.9	42.7	50.7
September		8,097.9	458.3	283.1	2,808.0	2,693.5	223.4	93.4	(12)	56.5	12.7	33.0	975.0	38.7	42.6
Amount of benefits ¹²															
1940	\$1,183,462	\$17,150	\$114,166	\$62,019	\$317,851	\$6,371	\$1,448	-----	\$105,696	\$11,833	\$12,267	-----	\$518,700	-----	\$15,961
1941	1,079,648	51,169	119,912	64,933	320,561	23,644	1,559	-----	111,799	13,270	13,943	-----	344,321	-----	14,537
1942	1,124,351	76,147	122,806	68,115	325,265	39,523	1,603	-----	111,193	15,005	14,342	-----	344,084	-----	6,268
1943	911,696	92,943	125,795	72,961	331,350	55,152	1,704	-----	116,133	17,843	17,255	-----	79,643	-----	917
1944	1,104,638	113,487	129,707	77,193	456,279	73,451	1,765	-----	144,302	22,034	19,238	-----	62,385	\$4,215	582
1945	2,047,025	148,107	137,140	83,874	697,830	99,651	1,772	-----	254,238	26,127	23,431	-----	445,866	126,630	2,359
1946	5,135,413	222,320	149,188	94,585	1,268,984	127,933	1,817	-----	333,640	27,851	30,610	-----	1,094,850	1,743,718	39,917
1947	4,658,540	287,554	177,053	106,876	1,676,029	149,179	19,283	-----	382,515	29,460	33,115	\$11,368	776,165	970,542	39,401
1948	4,454,705	352,022	208,642	132,852	1,711,182	171,837	36,011	\$918	413,912	32,315	32,140	30,843	793,265	510,167	28,599
1949	5,613,168	437,420	240,893	158,973	1,692,215	196,586	39,257	4,317	477,406	33,158	31,771	30,103	1,737,279	430,194	103,596
1950	5,196,761	651,409	254,240	175,787	1,732,208	276,945	43,884	8,409	491,579	32,740	33,578	28,099	1,373,426	34,653	59,804
1951	5,503,855	1,321,061	268,733	196,529	1,647,938	506,803	49,527	14,014	519,398	57,337	33,356	26,297	840,411	2,234	20,217
1952	6,285,237	1,539,327	361,200	225,120	1,722,225	591,504	74,085	19,986	572,983	63,298	37,251	34,689	968,237	3,539	41,793
1953	7,353,396	2,175,311	374,112	269,300	1,840,437	743,536	83,319	27,325	613,475	87,451	43,377	45,150	962,221	41,698	46,684
1954	9,455,374	2,697,982	428,900	298,126	1,921,380	879,952	93,201	32,530	628,801	92,229	41,480	49,173	2,026,866	107,666	157,088
1955	10,275,552	3,747,742	438,970	355,876	2,057,515	1,107,541	121,847	39,362	688,426	112,871	42,233	51,945	1,350,268	87,672	93,282
1956	11,193,067	4,361,231	490,445	400,647	2,101,798	1,244,073	133,171	49,675	699,204	109,304	41,895	49,538	1,380,726	60,917	70,443
1956															
September	902,032	357,049	41,971	33,536	174,546	100,445	11,143	4,242	58,026	8,618	2,845	4,632	94,919	4,499	5,561
October	903,856	359,780	42,064	33,343	176,636	101,163	11,116	4,318	58,721	7,714	3,737	5,333	91,476	3,258	5,197
November	920,583	369,732	42,250	33,975	176,373	107,672	11,164	4,353	58,634	7,492	3,476	4,957	92,700	3,168	5,637
December	940,191	373,581	42,297	35,897	175,459	109,012	11,195	4,411	58,395	7,702	2,634	4,612	104,245	3,883	6,868
1957															
January	1,035,052	379,451	42,439	36,296	176,610	110,850	11,275	4,508	59,981	11,453	3,951	5,296	177,598	5,572	9,772
February	1,026,267	386,033	42,619	36,950	177,163	112,326	11,309	4,564	60,168	9,668	3,271	3,490	164,860	5,594	8,252
March	1,049,807	398,084	42,958	37,881	177,105	113,903	11,389	4,666	60,149	12,424	3,850	3,698	168,841	5,886	8,973
April	1,053,073	414,809	43,291	38,131	177,205	115,887	11,453	4,719	59,402	13,396	4,475	3,594	154,329	5,155	7,227
May	1,057,617	427,303	43,521	38,823	177,612	117,591	11,506	4,762	59,539	13,082	4,372	3,416	145,657	4,222	6,211
June	1,039,946	435,378	43,714	39,160	176,079	119,259	11,579	4,807	59,025	11,678	3,905	3,003	123,540	3,710	5,109
July	1,071,289	448,914	43,856	39,613	180,180	120,697	11,628	4,874	64,310	10,486	3,804	3,298	130,130	4,539	4,960
August	1,070,527	454,917	43,870	40,376	179,483	121,837	11,678	4,934	64,060	8,606	3,587	4,780	121,333	4,406	6,660
September	1,072,401	461,119	44,111	41,184	179,374	122,892	11,762	5,009	64,033	11,406	3,921	4,783	113,325	3,793	5,685

¹ Under the Social Security Act, retirement benefits—old-age, wife's, and husband's benefits, and benefits to children of old-age beneficiaries—partly estimated (beginning Jan. 1957, includes a few "childhood disability" benefits), and, beginning July 1957, disability benefits to workers aged 50-64. Under the other 3 systems, benefits for age and disability; beginning Dec. 1951, spouse's annuities under the Railroad Retirement Act.

² Data for civil-service retirement and disability fund; excludes noncontributory payments made under the Panama Canal Construction Annuity Act. Through June 1948, retirement and disability benefits include payments to survivors under joint and survivor elections.

³ Pensions and compensation, and subsistence payments to disabled veterans undergoing training; beginning 1955, payments estimated, adjusted quarterly.

⁴ Mother's, widow's, widower's, parent's, and child's benefits; beginning Jan. 1957, includes a few "childhood disability" benefits; partly estimated.

⁵ Annuities to widows under joint and survivor elections and, beginning Feb. 1947, survivor benefits—widow's, widower's (first paid Dec. 1951), widowed mother's, parent's, and child's.

⁶ Payments to widows, parents, and children of deceased veterans; data for beneficiaries shown as of end of quarter; beginning 1955, payments estimated, adjusted quarterly.

⁷ Number of decedents on whose account lump-sum payments were made.

⁸ Payments under the Railroad Retirement Act and Federal civil-service and veterans' programs; beginning 1955, data for veterans' programs estimated.

⁹ Represents average number of beneficiaries in a 14-day registration period; temporary disability benefits first payable July 1947.

¹⁰ Represents average weekly number of beneficiaries; beginning Jan. 1955, includes data for payments to unemployed Federal workers made by the States as agents of the Federal Government.

¹¹ Beginning Sept. 1944, under the Servicemen's Readjustment Act, readjustment allowances to unemployed and self-employed veterans of World War II. Beginning Nov. 1952, under the Veterans' Readjustment Assistance Act, unemployment compensation benefits to veterans with military service since June 1950. Number represents average weekly claims paid.

¹² Not available.

¹³ Payments under the Social Security Act annual data represent Treasury disbursements and under the Railroad Retirement Act, amounts certified (for both programs monthly data for monthly benefits represent benefits in current-payment status); under the Railroad Unemployment Insurance Act, amounts certified; for Veterans Administration programs, except the readjustment allowance program, disbursements; under the State unemployment insurance laws, the Servicemen's Readjustment Act, and the Veterans' Readjustment Assistance Act, checks issued; for civil-service programs, disbursements through June 1949 and authorizations beginning July 1949. Adjusted on annual basis except for civil-service data and payments under the Railroad Unemployment Insurance Act, which are adjusted monthly.

Source: Based on reports of administrative agencies.

Table 2.—Estimated payrolls in employment covered by selected programs in relation to civilian wages and salaries, by specified period, 1940-57¹

[Amounts in millions; corrected to Nov. 13, 1957]

Period	Wage and salary disbursements ¹		Payrolls ² covered by—					
	Total	Civilian	Old-age and survivors insurance ⁴		State unemployment insurance		Railroad retirement and unemployment insurance ⁵	
			Amount	Percent of civilian wages and salaries	Amount	Percent of civilian wages and salaries	Amount	Percent of civilian wages and salaries
Calendar year:								
1940.....	\$49,818	\$49,255	\$35,560	72.2	\$32,352	65.7	\$2,280	4.6
1941.....	62,086	60,220	45,286	75.2	41,985	69.7	2,697	4.5
1942.....	82,109	75,941	57,950	76.3	54,548	71.8	3,394	4.5
1943.....	105,619	91,486	69,379	75.8	65,871	72.0	4,100	4.5
1944.....	117,016	96,983	73,060	75.3	68,886	71.0	4,523	4.7
1945.....	117,563	95,744	71,317	74.5	66,411	69.4	4,530	4.7
1946.....	111,866	104,048	79,003	75.9	73,145	70.3	4,883	4.7
1947.....	122,843	118,775	92,088	77.5	86,234	72.6	5,113	4.3
1948.....	135,142	131,172	101,892	77.7	95,731	73.0	5,539	4.2
1949.....	134,379	130,131	99,645	76.6	93,520	71.9	5,133	3.9
1950.....	146,526	141,527	109,439	77.3	102,835	72.7	5,327	3.8
1951.....	170,776	162,136	131,000	80.8	118,243	72.9	6,101	3.8
1952.....	184,947	174,475	143,000	82.0	127,320	73.0	6,185	3.5
1953.....	197,363	187,026	155,000	82.9	138,657	74.1	6,147	3.3
1954.....	195,513	185,562	154,000	83.0	136,594	73.6	5,630	3.0
1955.....	210,339	200,561	169,000	84.3	148,144	73.9	5,801	2.9
1956.....	227,237	217,535	184,000	84.6	163,950	75.4	6,203	2.9
1956								
January-March.....	53,977	51,559	43,000	83.4	38,715	75.1	1,527	3.0
April-June.....	56,068	53,632	44,000	82.0	40,360	75.3	1,550	2.9
July-September.....	57,766	55,335	46,000	83.1	40,757	73.7	1,550	2.8
October-December.....	59,426	57,009	49,000	86.0	44,127	77.4	1,576	2.8
1957								
January-March.....	57,800	55,483	48,000	86.5	41,729	75.2	1,503	2.7

¹ Continental United States, except as otherwise noted. Earnings and payroll data are before deduction of social insurance contributions. Data for 1954-57 preliminary.

² Wages and salaries paid in cash and in kind in continental United States and, in addition, pay of Federal personnel in all areas. Quarterly data reflect prorating of bonus payments.

³ Taxable plus estimated nontaxable wages paid in specified periods.

⁴ Excludes earnings of self-employed persons, who have been covered since

Jan. 1, 1951. Beginning 1955, quarterly data exclude wages and salaries of agricultural labor, now reported only on annual basis. Beginning 1957, includes the Armed Forces, newly covered under the 1956 amendments.

⁵ Includes a small amount of taxable wages for Alaska and Hawaii. Beginning 1947, includes temporary disability insurance.

Source: Data on wage and salary disbursements from Office of Business Economics, Department of Commerce; payrolls covered by selected programs from reports of administrative agencies.

SOCIAL SECURITY IN REVIEW

(Continued from page 2)

payments for medical care or of procedural changes that did not represent actual increases or decreases in the amounts of assistance made available to recipients.

Texas made its first assistance payments under the State's program of aid to the permanently and totally disabled in September. Forty-seven States now have in operation programs for the needy disabled.

● Unemployment covered by the State unemployment insurance programs and the program of unemployment compensation for Federal workers increased during September. In a reversal of the seasonal pattern of the past decade, insured unemployment rose slightly—by about 1

percent—to a weekly average of 1,166,700. Initial claims, representing new unemployment, increased by 23 percent to a total for the month of 1,032,100. Both insured unemployment and the number of initial claims were substantially higher than in September 1956—18 percent and 26 percent, respectively.

About 975,000 unemployed workers received benefit checks in an average week in September. This number was 5 percent less than the average paid in August and 10 percent higher than that in September 1956. Benefits paid during the month amounted to \$113.3 million. This total represented a drop of 7 percent from the amount paid the preceding month but was 19 percent greater than the total paid in September 1956. Though the number of beneficiaries and the amount of benefits declined, the av-

erage weekly check for total unemployment went up 77 cents in September to \$28.64.

Advisory Council on Social Security Financing

On October 24, 1957, the Secretary of Health, Education, and Welfare announced the names of the 12 members of the Advisory Council on Social Security Financing, which was called for in the 1956 amendments to the Social Security Act. The amendments provided for the establishment of the Council to review the status of the old-age and survivors insurance trust fund and the disability insurance trust fund in relation to long-term program commitments before each scheduled tax increase; the next increase goes into effect at the beginning of 1960. Under the terms of the legislation, the

Table 3.—Contributions and taxes collected under selected social insurance and related programs, by specified period, 1955-57

[In thousands]

Period	Retirement, disability, and survivors insurance				Unemployment insurance		
	Federal insurance contributions ¹		Federal civil-service contributions ²	Taxes on carriers and their employees	State unemployment insurance contributions ⁴	Federal unemployment taxes ⁵	Railroad unemployment insurance contributions ⁶
	Retirement and survivors	Disability ³					
Fiscal years:							
1955-56 ⁷	\$6,442,370		\$808,207	\$634,323	\$1,328,722	\$324,656	\$34,043
1956-57 ⁸	6,539,887	\$337,161	1,170,998	616,013	1,537,127	330,031	77,894
3 months ended:							
September 1955	1,659,976		373,733	160,229	365,701	18,917	6,073
September 1956	1,582,579		671,417	158,233	454,605	3,083	19,060
September 1957 ⁹	1,628,497		230,300	156,797	468,216	2,259	24,480
1956							
September	412,743		49,785	53,453	10,879	621	8,783
October	218,116		51,738	24,959	109,393	598	617
November	606,322		53,677	74,306	208,899	865	10,352
December	248,790		52,326	54,580	12,033	699	7,731
1957							
January	291,274		63,435	21,165	80,086	40,242	386
February	775,301	52,079	45,449	82,796	152,570	269,886	7,133
March	572,293	65,796	66,966	49,861	15,155	10,166	11,402
April	632,911	31,249	45,650	14,939	169,528	1,511	562
May	1,141,249	122,338	67,058	83,134	322,447	1,400	12,048
June ⁸	471,051	65,699	53,280	52,040	12,409	1,583	8,613
July ⁸	365,844	38,806	51,752	19,359	173,916	754	765
August	829,053	112,664	75,757	83,581	283,805	882	11,065
September	433,600	54,899	102,791	53,858	10,495	623	12,650

¹ Represents contributions of employees, employers, and the self-employed in employments covered by old-age, survivors, and disability insurance (beginning December 1952, adjusted for employee-tax refunds); from May 1951, includes deposits in the trust fund by States under voluntary coverage agreements; beginning January 1951, on an estimated basis.

² Under the 1956 amendments to title II of the Social Security Act.

³ Represents employee and Government contributions to the civil-service retirement and disability fund.

⁴ Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, in 3 jurisdictions, contributions

from employees; excludes contributions collected for deposit in State temporary disability insurance funds. Data reported by State agencies.

⁵ Represents taxes paid by employers under the Federal Unemployment Tax Act.

⁶ Beginning 1947, also covers temporary disability insurance.

⁷ Except for State unemployment insurance, as shown in the *Final Statement of Receipts and Expenditures of the U. S. Government*.

⁸ Preliminary.

Source: *Monthly Statement of Receipts and Expenditures of the U. S. Government* and other Treasury reports, unless otherwise noted.

Commissioner of Social Security acts as Council chairman. Members were selected, as Congress had specified, to give representation to employers and employees in equal numbers, to self-employed persons, and to the public.

Representing employers on the Council are Elliott V. Bell, chairman, executive committee, McGraw-Hill Publishing Company, and editor of *Business Week*, New York City; Reinhard A. Hohaus, vice president and chief actuary of the Metropolitan Life Insurance Co., New York City; and Robert A. Hornby, president of the Pacific Lighting Corporation, San Francisco. The Council members representing employees are Joseph William Childs, vice president of the United Rubber, Cork, Linoleum, and Plastic Workers of America, Akron; Nelson H. Cruikshank, director, Department of Social Security, AFL-CIO, Washington; and Eric Peterson, general secretary-treasurer of the In-

ternational Association of Machinists, Washington.

The following men were named to represent the self-employed and the public: J. Douglas Brown, director, Department of Economics and Social Institutions, Princeton University; Malcolm H. Bryan, president of the Federal Reserve Bank of Atlanta; Arthur F. Burns, president of the National Bureau of Economic Research, New York City; Carl H. Fischer, professor of insurance, School of Business Administration, University of Michigan; Thomas N. Hurd, professor of agricultural economics, Cornell University; and Robert McAllister Lloyd, president of the Teachers Insurance and Annuity Association of America, New York City.

The Council's first meeting is being held in Washington on November 21 and 22. Under the terms of the law, its final report must be made to the Secretary not later than January 1,

1959, and will be included in the next annual report submitted by the Board of Trustees of the trust funds.

Committee on Chronic Illness and Health of the Aged

The appointment of a 13-member National Advisory Committee on Chronic Illness and Health of the Aged was announced on October 14, 1957, by Surgeon General Leroy E. Burney, of the Public Health Service. The Committee will review the problems—medical, social, and economic—associated with chronic illness and aging and will consult with and advise the Surgeon General on the development of Public Health Service policy and programs in these areas.

The members are authorities in the fields of medical education, geriatrics, physical and industrial medicine, nursing, care of the aged, public health, and public welfare. They held their first meeting on October 17 and 18.

Table 4.—Status of the unemployment trust fund, by specified period, 1936-57¹

[In thousands]

Period	Total assets at end of period ²	Net total of U.S. Government securities acquired ³	Cash balance at end of period	State accounts				Railroad unemployment insurance account ⁴			
				Deposits	Interest earned	Withdrawals ⁵	Balance at end of period	Deposits	Interest earned	Withdrawals	Balance at end of period ⁶
Cumulative, January 1936-September 1957	\$9,223,718	\$9,157,033	\$2,434	\$23,591,018	\$2,544,365	\$17,476,421	\$8,730,158	\$1,309,958	\$213,780	\$1,235,657	\$288,061
Calendar year:											
1955	8,764,415	13,614	4,692	1,214,977	184,974	1,351,551	8,241,672	16,446	9,539	145,675	372,157
1956	9,069,279	307,546	3,138	1,504,131	199,597	1,399,095	8,546,305	56,592	8,119	119,450	317,418
Fiscal year:											
1955-56	8,794,426	257,674	88,294	1,333,147	186,907	1,286,964	8,215,887	31,233	8,491	105,510	345,153
1956-57	9,062,665	274,187	81,973	1,577,672	211,997	1,513,750	8,491,807	74,347	7,835	133,180	294,155
1956											
July-September	8,982,117	216,980	3,582	490,906	52,627	310,105	8,449,314	16,767	2,113	32,505	331,528
October-December	9,069,279	142,629	3,138	330,384	53,365	286,759	8,546,305	16,273	2,017	32,400	317,418
1957											
January-March	8,847,698	-279,480	5,666	250,065	52,805	501,431	8,347,744	16,398	1,890	39,965	295,741
April-June	9,062,665	194,058	81,973	506,317	53,200	415,455	8,491,807	24,910	1,815	28,310	294,155
July-September	9,223,718	181,366	2,434	468,460	57,045	358,350	8,730,158	22,032	1,893	30,000	288,081

¹ Beginning 1949, not strictly comparable with data for earlier years because of differences in accounting methods in source materials used.

² Beginning December 1954, includes assets of the Federal unemployment account, under the Employment Security Administrative Financing Act of 1954.

³ Includes accrued interest and repayments on account of interest on bonds at time of purchase; minus figures represent primarily net total of securities redeemed.

⁴ Includes transfers from State accounts to railroad unemployment insurance account amounting to \$107,161,000.

⁵ Includes withdrawals of \$79,169,000 for temporary disability insurance

benefits.

⁶ Beginning July 1947, includes temporary disability insurance program.

⁷ Includes transfer of \$71,195,220 from undistributed appropriations to State accounts.

⁸ Includes transfers to the account from railroad unemployment insurance administration fund amounting to \$97,646,000 and transfers of \$12,338,000 out of the account to adjust funds available for administrative expenses because of retroactive credits taken by contributors under the Railroad Unemployment Insurance Act Amendments of 1948.

Source: Unpublished Treasury reports.

Table 5.—Status of the old-age and survivors insurance and disability insurance trust funds, by specified period, 1937-57

[In thousands]

Period	Receipts		Expenditures		Assets		
	Net contribution income and transfers ¹	Interest received ²	Benefit payments	Administrative expenses ³	Net total of U.S. Government securities acquired ⁴	Cash balance at end of period	Total assets at end of period
Old-age and survivors insurance trust fund							
Cumulative, January 1937-September 1957 ⁵ ...	\$50,246,349	\$4,503,047	\$30,828,396	\$1,138,769	\$21,878,841	\$903,390	\$22,782,231
Fiscal year:							
1955-56 ⁶	6,442,370	494,889	5,360,813	124,339	1,462,540	550,078	22,593,109
1956-57 ⁶	6,539,887	560,558	6,514,581	150,057	220,287	765,598	23,028,916
3 months ended:							
September 1955.....	1,659,976	24,098	1,280,342	31,348	434,548	498,347	21,513,386
September 1956.....	1,582,579	23,738	1,456,235	31,706	32,182	636,227	22,711,485
September 1957 ⁶	1,628,497	24,691	1,861,005	38,868	-384,477	903,390	22,782,231
1956							
September.....	412,743	19,522	489,770	10,483	-127,148	636,227	22,711,485
October.....	218,116	19,121	489,791	14,940	-249,759	618,492	22,443,991
November.....	606,322	5,381	488,599	11,997	127,383	602,260	22,555,097
December.....	248,790	235,215	507,764	12,186	-122,285	688,601	22,519,153
1957							
January.....	291,274	1,174	527,202	11,027	-243,750	686,569	22,273,371
February.....	775,301	3,902	535,443	12,826	86,922	830,582	22,504,306
March.....	572,293	14,969	574,828	13,014	141,534	688,668	22,503,927
April.....	632,911	20,493	646,696	17,248	-391,059	1,069,188	22,493,388
May.....	1,141,249	8,088	648,202	12,359	782,195	775,768	22,982,163
June ⁶	471,051	228,477	640,021	12,755	56,923	765,598	23,028,916
July ⁶	365,844	1,449	625,719	13,907	-293,440	786,705	22,756,583
August.....	829,053	7,842	608,520	11,578	226,646	776,856	22,973,380
September.....	433,600	15,399	626,766	13,383	-317,683	903,390	22,782,231
Disability insurance trust fund ⁷							
Cumulative, January-September 1957 ⁶	\$543,531	\$1,598	\$17,860	\$2,039	\$476,489	\$48,741	\$525,230
Fiscal year 1956-57 ⁶	337,161	1,363	-----	1,305	325,363	11,857	337,220
1957							
February.....	52,079	-----	-----	438	-----	51,641	51,641
March.....	65,796	-----	-----	219	109,600	7,618	117,218
April.....	31,249	-----	-----	216	32,900	5,752	148,252
May.....	122,338	-----	-----	216	108,200	19,674	270,374
June ⁶	65,699	1,363	-----	216	74,663	11,857	337,220
July ⁶	38,806	17	-----	245	34,900	15,536	375,799
August.....	112,664	47	8,528	245	86,737	32,737	479,737
September.....	54,899	171	9,333	245	29,489	48,741	525,230

¹ For July 1940 to December 1950 equals taxes collected; beginning January 1951, equals amounts appropriated (estimated tax collections) and, from May 1951, deposits by States under voluntary coverage agreements. For 1947-51 includes amounts appropriated to meet costs of benefits payable to certain veterans' survivors. Beginning 1952, includes deductions for refund of estimated amount of employee-tax overpayment.

² Includes interest transferred from the railroad retirement account under the financial interchange provision of the Railroad Retirement Act, as amended in 1951 and 1956.

³ Represents net expenditures for administration. Beginning November 1951, adjusted for reimbursements to trust fund of small amounts for sales of

services. Beginning October 1953, includes amounts for expenses of plans and preparations for construction authorized by P. L. 170, 83d Cong., 1st sess.

⁴ Includes accrued interest and repayments on account of accrued interest on bonds at time of purchase.

⁵ Preliminary.

⁶ Revised to correspond with *Final Statement of Receipts and Expenditures of the U. S. Government*.

⁷ Established under the Social Security Act, as amended in 1956.

Source: *Monthly Statement of Receipts and Expenditures of the U. S. Government* and unpublished Treasury reports.

Table 6.—Old-age, survivors, and disability insurance: Monthly benefits in current-payment status at the end of the month, by type of benefit and by month, September 1956–September 1957, and monthly benefits awarded, September 1957¹

[In thousands; data corrected to Nov. 1, 1957]

Item	Total		Old-age		Wife's or husband's		Child's ²		Widow's or widower's		Mother's		Parent's		Disability ³	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
In current-payment status at end of month:																
1956																
September.....	8,647.8	\$457,494	4,907.7	\$310,408	1,307.2	\$43,940	1,333.0	\$49,637	772.1	\$37,977	301.7	\$14,218	26.0	\$1,314	-----	-----
October.....	8,701.5	460,942	4,941.4	312,834	1,315.5	44,251	1,337.4	49,930	780.0	38,407	301.2	14,202	26.1	1,319	-----	-----
November.....	9,035.4	477,404	5,064.2	319,516	1,410.8	47,507	1,340.5	50,168	891.7	44,616	301.5	14,244	26.7	1,353	-----	-----
December.....	9,128.1	482,593	5,112.4	322,537	1,433.5	48,326	1,341.0	50,324	913.1	45,780	301.2	14,262	26.9	1,365	-----	-----
1957																
January.....	9,261.4	490,301	5,184.8	327,386	1,460.6	49,315	1,351.7	50,907	934.2	46,921	302.9	14,390	27.1	1,382	-----	-----
February.....	9,387.4	498,358	5,254.6	332,736	1,490.3	50,517	1,360.2	51,397	951.6	47,876	303.4	14,443	27.2	1,389	-----	-----
March.....	9,607.4	511,987	5,390.3	342,650	1,542.9	52,513	1,371.4	51,935	970.3	48,919	304.9	14,568	27.4	1,402	-----	-----
April.....	9,927.9	530,696	5,584.2	356,245	1,625.2	55,453	1,392.6	52,794	989.5	49,979	308.7	14,807	27.7	1,417	-----	-----
May.....	10,175.7	544,894	5,734.4	366,472	1,684.1	57,519	1,411.7	53,572	1,006.2	50,904	311.4	14,994	27.9	1,433	-----	-----
June.....	10,342.1	554,637	5,832.3	373,230	1,719.0	58,749	1,427.4	54,283	1,020.5	51,707	314.9	15,224	28.1	1,445	-----	-----
July.....	10,567.4	569,611	5,913.0	379,047	1,743.6	59,640	1,440.1	54,862	1,032.9	52,406	318.6	15,470	28.3	1,456	90.9	\$6,730
August.....	10,678.2	576,754	5,966.8	383,165	1,760.9	60,309	1,448.2	55,281	1,043.8	53,025	320.2	15,585	28.4	1,461	109.9	7,928
September.....	10,791.5	584,010	6,029.4	387,759	1,778.7	60,986	1,459.2	55,846	1,055.0	53,657	320.5	15,613	28.5	1,471	120.1	8,679
Awarded, September 1957..	188.3	10,990	92.0	6,362	32.6	1,122	24.8	969	16.6	902	6.8	389	.3	20	15.0	\$1,227

¹ For an explanation of the treatment of dual entitlements, see the *Bulletin* for April 1957, p. 29, table 4, footnote 1.

² Beginning January 1957, includes childhood disability benefits payable to persons aged 18 or over.

³ Monthly benefits to disabled workers aged 50-64.

⁴ Monthly amount before reduction for a workmen's compensation benefit or another Federal benefit for disability, other than compensation payable by the Veterans Administration for a service-connected disability.

Table 7.—Old-age, survivors, and disability insurance: Number and average monthly amount of disability insurance benefits¹ in current-payment status at the end of the month, by indication of offset,² and number and average monthly amount of disability insurance benefits in force at the end of the month that were completely offset, July–September 1957

[Corrected to Nov. 1, 1957]

Year and month	Benefits in current-payment status								Benefits in force with complete offset	
	Total			Without offset		With partial offset				
	Number	Average monthly amount payable	Average monthly amount before offset	Number	Average monthly amount payable	Number	Average monthly amount payable	Average monthly amount before offset	Number	Average monthly amount before offset
1957										
July-----	90,888	\$74.05	\$81.10	81,207	\$80.41	9,681	\$20.65	\$86.84	4,122	\$76.98
August-----	109,937	72.12	81.36	94,556	80.46	15,381	20.82	86.93	6,797	75.90
September-----	120,141	72.24	81.35	103,569	80.44	16,572	21.03	87.04	8,442	76.60

¹ Payable to disabled workers aged 50-64.

² A disability insurance benefit payable to a disabled worker who is receiving a workmen's compensation benefit or another Federal benefit for disability—

other than compensation payable by the Veterans Administration for a service-connected disability—is reduced by the amount of such benefit.

Table 8.—Old-age, survivors, and disability insurance: Number of childhood disability ¹ and allied wife's or mother's ² monthly benefits awarded, January-June 1957

[Included in tables 9 and 10; data corrected to Nov. 5, 1957]

Year and quarter	Childhood disability ¹			Wife's ²	Mother's ²		
	Total	Child of retired worker	Child of deceased worker		Total	Widowed mother	Divorced wife
Total.....	10,310	5,784	4,526	659	669	668	1
1957							
January-March.....	3,544	1,933	1,611	204	222	222	0
April-June.....	6,766	3,851	2,915	455	447	446	1

¹ Payable to disabled children aged 18 or over.

² Payable to a wife or mother entitled to benefits solely because she had in her

care at least 1 entitled disabled child aged 18 or over; excludes a wife or mother beneficiary who had both disabled and nondisabled entitled children in her care.

Table 9.—Old-age, survivors, and disability insurance: Number of monthly benefits awarded, by type of benefit, number of lump-sum death payments awarded, and number of deceased workers represented for the first time in awards of lump-sum death payments, 1940-57

[Corrected to Nov. 1, 1957]

Year and quarter ¹	Monthly benefits								Lump-sum awards	
	Total	Old-age	Wife's or husband's	Child's ²	Widow's or widower's	Mother's	Parent's	Disability ³	Number of payments	Number of deceased workers
1940.....	254,984	132,335	34,555	59,382	4,600	23,260	852	-----	75,095	61,080
1941.....	269,286	114,660	36,213	75,619	11,020	30,502	1,272	-----	117,303	90,941
1942.....	258,116	99,622	33,250	77,384	14,774	31,820	1,266	-----	134,991	103,332
1943.....	262,865	89,070	31,916	85,619	19,576	35,420	1,264	-----	163,011	122,185
1944.....	318,949	110,097	40,349	99,676	24,759	42,649	1,419	-----	205,177	151,899
1945.....	462,463	185,174	63,068	127,514	29,844	55,108	1,755	-----	247,012	178,813
1946.....	547,150	258,980	88,515	114,875	38,823	44,190	1,767	-----	250,706	179,588
1947.....	572,909	271,488	94,189	115,754	45,249	42,807	3,422	-----	218,787	181,992
1948.....	596,201	275,903	98,554	118,955	55,667	44,276	2,846	-----	213,096	200,090
1949.....	682,241	337,273	117,356	118,922	62,928	43,087	2,675	-----	212,614	202,154
1950.....	962,628	567,131	162,768	122,641	66,735	41,101	2,252	-----	209,960	200,411
1951.....	1,336,432	702,984	228,887	230,500	89,591	78,323	6,147	-----	431,229	414,470
1952.....	1,053,303	531,206	177,707	183,345	92,302	64,875	3,868	-----	456,531	437,896
1953.....	1,419,462	771,671	246,856	212,178	112,866	71,945	3,946	-----	532,846	511,986
1954.....	1,401,733	749,911	236,764	212,796	128,026	70,775	3,461	-----	536,341	516,158
1955.....	1,657,773	909,883	288,915	238,795	140,624	76,018	3,538	-----	589,612	566,830
1956.....	1,855,296	934,033	384,562	211,783	253,524	67,475	3,919	-----	572,291	546,984
1954										
January-March....	346,440	187,531	59,037	52,257	29,091	17,634	890	-----	136,587	131,749
April-June.....	380,542	209,201	64,266	56,167	31,480	18,464	964	-----	145,660	140,211
July-September..	326,154	176,190	55,495	49,217	28,177	16,265	810	-----	127,417	122,338
October-December.	348,597	176,989	57,966	55,155	39,278	18,412	797	-----	126,677	121,860
1955										
January-March....	396,719	219,209	75,936	50,547	34,389	15,917	721	-----	127,646	122,660
April-June.....	504,709	291,587	86,914	67,375	36,665	21,263	907	-----	165,082	159,272
July-September..	402,163	217,849	67,324	61,535	34,855	19,631	969	-----	149,649	143,806
October-December.	354,182	181,238	58,741	59,338	34,717	19,207	941	-----	147,235	141,092
1956										
January-March....	346,713	185,202	59,905	52,382	31,845	16,587	792	-----	140,862	135,218
April-June.....	413,242	223,469	73,641	60,706	35,271	19,244	911	-----	162,620	155,268
July-September..	438,803	244,225	87,051	55,098	33,842	17,748	839	-----	149,594	142,149
October-December.	656,538	281,137	163,965	43,597	152,566	13,896	1,377	-----	119,215	114,349
1957										
January-March....	659,107	348,711	151,515	65,676	72,076	19,885	1,244	-----	173,108	166,199
April-June.....	950,319	538,112	226,361	94,031	65,848	24,642	1,325	-----	198,975	190,089
July-September....	641,755	264,517	100,939	72,623	48,603	18,847	960	135,266	158,635	151,997

¹ Quarterly data for 1940-44 were presented in the *Bulletin* for February 1947, p. 29; for 1945-49, in the *Bulletin* for March 1950, p. 22; for 1950-53, in the *Bulletin* for March 1954, p. 29.

² Beginning January 1957, includes childhood disability benefits payable to persons aged 18 or over.

³ Monthly benefits to disabled workers aged 50-64.

Table 10.—Old-age, survivors, and disability insurance: Number of monthly benefits awarded, for selected types of benefit, 1950-57

[Corrected to Nov. 1, 1957]

Year and quarter ¹	Wife's or husband's				Child's ⁴			Widow's or widower's			Mother's		
	Total	Aged wife ²	Husband	Young wife ³	Total	Child of retired worker	Child of deceased worker	Total	Widow	Widower	Total	Widowed mother	Divorced wife
1950-----	162,768	152,310	812	9,646	122,641	25,495	97,146	66,735	66,672	63	41,101	41,089	12
1951-----	228,887	193,966	3,077	31,844	230,500	40,958	189,542	89,591	89,324	267	78,323	78,181	142
1952-----	177,707	161,985	2,007	13,715	183,345	24,695	158,650	92,302	91,992	310	64,875	64,776	99
1953-----	246,856	225,617	2,992	18,247	212,178	33,868	178,310	112,866	112,467	399	71,945	71,861	84
1954-----	236,764	214,851	2,616	19,297	212,796	35,938	176,858	128,026	127,626	400	70,775	70,699	76
1955-----	288,915	263,816	3,407	21,692	238,795	40,402	198,393	140,624	140,273	351	76,018	75,927	91
1956-----	384,562	361,391	3,009	20,162	211,783	37,900	173,883	253,524	253,191	333	67,475	67,410	65
1954													
January-March-----	59,037	53,539	626	4,872	52,257	8,922	43,335	29,091	29,003	88	17,634	17,617	17
April-June-----	64,266	58,106	768	5,392	56,167	10,224	45,943	31,480	31,366	114	18,464	18,448	16
July-September-----	55,495	50,308	688	4,499	49,217	8,397	40,820	28,177	28,071	106	16,265	16,242	23
October-December-----	57,966	52,898	534	4,534	55,155	8,395	46,760	30,278	30,186	92	18,412	18,392	20
1955													
January-March-----	75,936	70,347	672	4,917	50,547	9,262	41,285	34,389	34,314	75	15,917	15,905	12
April-June-----	86,914	79,097	1,131	6,686	67,375	12,485	54,890	36,663	36,559	104	21,263	21,238	25
July-September-----	67,324	61,018	890	5,416	61,535	10,068	51,467	34,855	34,770	85	19,631	19,600	31
October-December-----	58,741	53,354	714	4,673	59,338	8,587	50,751	34,717	34,630	87	19,207	19,184	23
1956													
January-March-----	59,905	54,611	657	4,637	52,382	8,825	43,557	31,845	31,760	76	16,587	16,572	15
April-June-----	73,641	66,976	827	5,838	60,706	11,203	49,503	35,271	35,187	84	19,224	19,244	20
July-September-----	87,051	80,490	824	5,737	55,098	10,354	44,744	33,842	33,760	82	17,748	17,733	15
October-December-----	163,965	159,314	701	3,950	43,597	7,518	36,079	152,566	152,475	91	13,896	13,881	15
1957													
January-March-----	151,509	143,841	903	6,765	65,681	14,429	51,252	72,076	71,979	97	19,890	19,878	12
April-June-----	226,371	211,044	1,634	13,693	94,029	28,937	65,092	65,857	65,707	150	24,645	24,624	21

¹ Quarterly data for 1950-53 were presented in the *Bulletin* for June 1955, p. 26.

² Wives aged 65 or over, and wives aged 62-64 with no entitled children.

Wives under age 65 with 1 or more entitled children.

⁴ Beginning January 1957, includes childhood disability benefits payable to persons aged 18 or over.

Table 11.—Old-age, survivors, and disability insurance: Estimated ¹ number and amount of monthly benefits ² in current-payment status as of June 30, 1957, by type of benefit and by State

Beneficiary's State of residence	Total		Old-age		Wife's or husband's		Child's		Widow's or widower's		Mother's		Parent's	
	Num- ber	Amount	Num- ber	Amount	Num- ber	Amount	Num- ber	Amount	Num- ber	Amount	Num- ber	Amount	Num- ber	Amount
Total.....	10,342,119	\$554,636,861	5,832,253	\$373,230,184	1,718,969	\$58,748,647	1,427,435	\$54,282,550	1,020,455	\$51,706,595	314,885	\$15,223,879	28,122	\$1,445,006
Alabama.....	152,922	6,583,004	70,906	3,914,542	24,131	661,199	37,179	1,118,795	11,987	533,743	7,853	314,120	866	40,605
Alaska.....	4,923	237,887	2,561	159,687	289	8,263	1,728	55,353	112	5,541	225	8,551	8	492
Arizona.....	49,240	2,544,331	25,432	1,627,227	7,011	238,799	11,102	402,861	3,417	170,997	2,101	95,666	177	8,781
Arkansas.....	101,952	4,390,078	55,075	2,922,612	19,400	515,660	17,283	519,337	6,291	268,470	3,428	141,282	475	22,717
California.....	808,698	45,001,379	488,244	31,483,823	121,797	4,286,103	103,041	4,358,184	75,299	3,840,068	18,865	955,969	1,452	77,232
Colorado.....	85,874	4,509,723	49,183	3,075,535	14,470	484,464	12,774	486,332	6,909	342,319	2,401	114,335	137	6,738
Connecticut.....	166,928	10,124,833	98,432	6,988,496	27,443	1,060,140	15,748	710,420	21,142	1,140,950	3,787	204,433	376	20,394
Delaware.....	23,452	1,291,677	13,541	867,619	3,580	128,273	3,052	125,287	2,536	132,428	672	34,342	71	3,728
Dist. of Col.....	37,167	1,966,679	22,294	1,380,937	4,174	144,798	5,614	196,868	3,776	187,897	1,222	52,060	87	4,119
Florida.....	295,033	15,884,408	174,249	11,260,647	53,477	1,821,455	37,155	1,330,597	21,715	1,084,543	7,877	359,565	560	27,601
Georgia.....	160,135	6,911,706	76,618	4,150,918	21,659	605,811	40,306	1,233,818	12,462	558,523	8,255	323,902	835	38,734
Hawaii.....	22,108	1,074,186	11,639	709,562	2,641	80,506	5,412	177,009	1,304	60,103	1,055	44,007	57	2,990
Idaho.....	36,961	1,839,071	21,325	1,264,579	6,763	209,859	5,704	216,448	2,146	99,467	954	45,195	69	3,523
Illinois.....	609,169	34,938,851	352,477	23,790,730	100,245	3,642,960	71,374	3,049,284	67,931	3,555,294	15,565	814,644	1,577	85,939
Indiana.....	300,249	16,196,301	171,268	10,932,610	54,310	1,865,577	37,526	1,522,311	29,036	1,457,069	7,493	386,104	616	32,630
Iowa.....	177,735	9,170,054	107,863	6,525,829	34,909	1,132,117	17,518	672,060	13,515	647,321	3,664	178,980	266	13,738
Kansas.....	130,626	6,623,642	77,664	4,631,143	25,758	821,178	14,387	559,544	9,761	461,477	2,828	138,853	228	11,447
Kentucky.....	179,418	8,200,478	91,981	5,251,082	32,045	908,169	34,747	1,097,753	12,925	605,527	6,955	299,971	764	37,976
Louisiana.....	119,494	5,490,768	57,025	3,273,177	16,715	502,294	28,256	928,617	10,834	495,836	6,120	264,948	544	25,896
Maine.....	79,402	4,034,507	47,200	2,807,947	12,617	406,778	9,694	346,052	7,534	362,305	2,178	102,514	179	8,911
Maryland.....	140,775	7,485,725	77,502	4,837,860	20,199	703,946	21,623	857,409	16,101	818,972	4,964	248,204	386	19,334
Massachusetts.....	397,584	23,054,111	238,216	16,028,529	62,132	2,307,618	38,147	1,623,824	47,829	2,504,385	10,442	545,896	818	43,859
Michigan.....	441,070	25,735,127	240,112	16,852,901	77,483	2,918,831	61,220	2,627,262	48,684	2,603,680	12,738	686,001	833	46,452
Minnesota.....	199,896	10,683,596	119,611	7,501,115	36,782	1,243,618	22,191	862,501	16,076	814,062	4,902	244,994	334	17,306
Mississippi.....	90,190	3,612,299	46,161	2,312,390	15,355	378,353	19,052	530,765	5,036	213,941	3,965	147,227	621	29,623
Missouri.....	283,075	14,979,597	167,886	10,478,166	50,389	1,676,972	31,580	1,177,521	25,952	1,295,455	6,561	315,058	707	36,425
Montana.....	38,969	2,038,858	22,817	1,412,419	6,391	216,083	5,772	215,747	2,931	144,657	970	45,447	88	4,505
Nebraska.....	87,051	4,428,114	53,422	3,191,996	17,421	555,216	8,535	320,078	5,815	274,374	1,732	80,317	126	6,133
Nevada.....	10,279	569,554	6,278	402,191	1,097	37,442	1,945	82,659	676	34,073	256	11,805	27	1,384
New Hampshire.....	48,498	2,608,908	29,730	1,853,140	7,373	252,013	5,308	206,677	4,781	233,906	1,229	59,254	77	3,918
New Jersey.....	389,362	23,181,191	224,257	15,639,090	64,491	2,464,239	39,318	1,780,055	49,703	2,662,679	10,559	576,891	1,034	58,237
New Mexico.....	28,790	1,263,796	12,967	748,964	3,998	117,183	8,585	260,877	1,491	67,916	1,605	61,679	144	7,177
New York.....	1,115,992	64,349,793	668,828	44,721,457	176,170	6,488,442	108,840	4,664,730	129,166	6,738,081	30,130	1,581,235	2,858	155,848
North Carolina.....	185,032	8,124,484	88,679	4,948,989	27,884	783,831	44,314	1,363,522	13,731	613,906	9,669	379,519	755	34,717
North Dakota.....	28,158	1,318,000	16,798	938,806	5,631	165,723	3,613	118,020	1,317	60,504	743	32,283	56	2,664
Ohio.....	583,538	33,239,712	322,929	21,903,002	101,866	3,759,933	73,163	3,068,858	68,080	3,582,141	16,256	858,615	1,244	67,163
Oklahoma.....	119,825	5,761,975	65,126	3,794,213	21,470	649,048	19,928	702,145	9,007	418,776	3,960	181,384	334	16,409
Oregon.....	126,175	6,928,496	77,687	4,966,018	21,051	714,271	14,536	602,959	10,237	507,314	2,454	126,537	210	11,397
Pennsylvania.....	789,378	44,663,628	430,638	29,036,106	135,659	4,962,483	93,353	3,917,538	101,381	5,219,117	25,886	1,367,519	2,461	130,865
Puerto Rico.....	48,337	1,449,091	23,309	969,945	7,696	137,702	14,614	246,370	690	27,432	1,800	57,710	228	9,932
Rhode Island.....	67,315	3,840,168	40,495	2,680,159	10,513	379,946	6,229	260,999	8,247	424,611	1,707	87,824	124	6,629
South Carolina.....	91,700	3,876,802	40,262	2,230,016	11,782	327,662	26,569	779,687	6,804	301,800	5,811	215,837	472	21,800
South Dakota.....	37,138	1,813,860	22,534	1,299,516	7,447	228,776	4,222	149,004	2,036	95,162	857	39,312	42	2,090
Tennessee.....	169,816	7,467,384	87,174	4,721,063	28,314	769,870	33,665	1,066,582	12,510	563,256	7,354	308,679	799	37,934
Texas.....	380,525	18,059,312	195,368	11,344,909	62,818	1,893,993	75,948	2,688,023	29,654	1,382,756	15,439	686,175	1,298	63,456
Utah.....	39,218	2,057,706	19,981	1,289,650	7,024	240,084	7,599	299,325	3,189	157,705	1,347	66,913	78	4,029
Vermont.....	29,000	1,476,408	17,065	1,019,383	4,963	159,314	3,290	121,866	2,801	134,594	786	37,864	65	3,387
Virgin Islands.....	563	19,460	321	14,452	68	1,453	145	2,574	10	401	18	521	1	59
Virginia.....	178,674	8,367,343	90,687	5,232,565	27,338	809,218	36,544	1,209,297	15,544	738,870	7,799	341,196	762	36,197
Washington.....	183,354	10,185,191	110,496	7,182,698	30,800	1,067,853	21,489	896,653	16,559	833,118	3,753	191,759	257	13,110
West Virginia.....	133,995	6,541,411	62,956	3,909,704	23,683	733,474	28,517	988,293	11,751	565,977	6,462	313,011	626	30,952
Wisconsin.....	259,471	14,264,286	151,296	9,775,822	48,688	1,701,673	27,916	1,149,119	24,921	1,288,012	6,177	324,694	473	24,966
Wyoming.....	15,209	803,717	8,877	555,189	2,416	80,430	2,484	98,624	1,016	49,161	392	18,995	24	1,318
Foreign.....	62,681	3,374,195	36,781	2,419,059	9,143	297,551	7,581	236,057	6,006	295,923	2,664	104,074	416	21,531

¹ Estimates for each State are shown unrounded, for convenience in summation, and not because they are assumed to be accurate to the last digit.

² Benefits of persons receiving both an old-age benefit and a widow's, widower's, or parent's secondary benefit or a wife's or husband's secondary benefit that

was awarded, reinstated, or adjusted after Sept. 13, 1956, are included only in the number of old-age benefits, and the amount of the reduced secondary benefit is combined with the amount of the old-age benefit. (Monthly disability benefits first payable for July 1957.)

Table 12.—Old-age, survivors, and disability insurance: Amount of benefit payments in fiscal year 1956-57, by State

[In thousands]

Beneficiary's State of residence	Total	Monthly benefits ¹			Lump-sum death payments ²
		Old-age	Supplementary	Survivor	
Total.....	\$6,514,580	\$4,340,270	\$679,289	\$1,372,130	\$122,891
Alabama.....	76,600	44,605	7,713	22,703	1,579
Alaska.....	2,854	1,915	128	764	47
Arizona.....	29,688	18,572	2,833	7,659	624
Arkansas.....	49,296	32,236	5,521	10,755	784
California.....	539,981	370,550	50,764	103,104	9,563
Colorado.....	52,795	35,708	5,612	10,651	824
Connecticut.....	121,544	83,488	12,613	23,061	2,382
Delaware.....	15,338	10,169	1,529	3,305	335
District of Columbia.....	23,597	16,342	1,781	4,932	542
Florida.....	183,065	128,329	20,590	31,422	2,724
Georgia.....	80,381	46,819	7,224	24,361	1,977
Hawaii.....	12,561	8,349	1,066	3,060	146
Idaho.....	20,907	14,157	2,313	4,106	331
Illinois.....	414,387	279,276	42,379	83,688	9,044
Indiana.....	188,509	125,780	21,208	37,985	3,536
Iowa.....	102,713	72,067	12,167	16,910	1,569
Kansas.....	73,865	50,730	8,765	13,117	1,253
Kentucky.....	93,306	58,520	10,117	23,035	1,634
Louisiana.....	64,539	37,673	5,974	19,368	1,524
Maine.....	48,839	33,872	4,865	9,169	933
Maryland.....	89,208	56,961	8,422	21,766	2,059
Massachusetts.....	278,953	193,683	27,910	52,523	4,837
Michigan.....	301,814	195,784	33,585	66,634	5,811
Minnesota.....	121,467	84,198	13,612	21,704	1,953
Mississippi.....	40,025	24,724	4,056	10,454	791
Missouri.....	171,428	118,477	18,491	31,538	2,922
Montana.....	23,052	15,713	2,329	4,600	410
Nebraska.....	48,508	34,372	5,815	7,621	700
Nevada.....	6,750	4,664	463	1,459	164
New Hampshire.....	31,522	22,248	3,044	5,624	606
New Jersey.....	274,414	183,510	28,771	56,547	5,586
New Mexico.....	14,616	8,362	1,380	4,514	360
New York.....	768,691	530,450	76,255	146,443	15,543
North Carolina.....	92,204	54,293	8,900	27,049	1,962
North Dakota.....	13,622	9,449	1,593	2,410	170
Ohio.....	394,827	258,728	44,086	84,503	7,510
Oklahoma.....	66,004	42,822	7,259	14,846	1,077
Oregon.....	81,948	58,476	8,328	13,950	1,194
Pennsylvania.....	537,455	349,549	58,713	119,054	10,139
Puerto Rico.....	15,913	10,716	1,563	3,434	200
Rhode Island.....	46,326	32,207	4,568	8,675	876
South Carolina.....	44,848	24,849	3,926	14,946	1,127
South Dakota.....	19,304	13,551	2,308	3,210	235
Tennessee.....	84,730	52,081	8,580	22,333	1,736
Texas.....	205,927	125,935	21,268	54,351	4,373
Utah.....	23,786	14,670	2,761	5,940	415
Vermont.....	17,555	12,058	1,861	3,329	307
Virgin Islands.....	226	163	18	36	9
Virginia.....	97,793	60,002	9,538	26,210	2,043
Washington.....	120,904	84,942	12,423	21,589	1,950
West Virginia.....	77,760	46,386	8,706	21,448	1,220
Wisconsin.....	165,353	112,366	19,129	31,115	2,743
Wyoming.....	9,272	6,301	911	1,889	171
Foreign.....	39,610	28,423	3,615	7,231	341

¹ Distribution by State and type of benefit estimated. Supplementary benefits are paid to wives aged 62 or over, wives under age 62 with child beneficiaries in their care, dependent aged husbands, and children of old-age beneficiaries. Survivor benefits

are paid to aged widows, dependent aged widowers, children, widows or divorced wives with child beneficiaries in their care, or dependent aged parents of deceased insured workers.

² Distribution by State based on 10-percent sample.

Table 13.—Old-age, survivors, and disability insurance: Number of aged beneficiaries¹ receiving monthly benefits per 1,000 population aged 65 or over,² by State, June 1957

State (ranked by number of aged beneficiaries per 1,000 aged population)	Aged beneficiaries per 1,000 aged population
Total ³	524
Rhode Island.....	665
New Jersey.....	646
Connecticut.....	638
Massachusetts.....	637
New Hampshire.....	625
Nevada.....	624
Maine.....	616
Oregon.....	613
Delaware.....	605
New York.....	605
Michigan.....	594
Pennsylvania.....	593
Washington.....	574
Indiana.....	573
Wisconsin.....	556
Ohio.....	555
Florida.....	553
Maryland.....	540
Vermont.....	539
California.....	538
Alaska.....	535
West Virginia.....	534
Illinois.....	531
Utah.....	527
Hawaii.....	510
Missouri.....	493
Idaho.....	486
Minnesota.....	485
Kansas.....	482
Arizona.....	480
Virginia.....	477
Nebraska.....	470
Montana.....	466
Colorado.....	464
Iowa.....	462
Kentucky.....	455
Wyoming.....	450
District of Columbia.....	447
South Dakota.....	429
Tennessee.....	418
North Carolina.....	412
Alabama.....	398
Texas.....	394
North Dakota.....	391
Arkansas.....	381
Georgia.....	370
New Mexico.....	365
Oklahoma.....	365
Louisiana.....	361
South Carolina.....	361
Mississippi.....	335
Puerto Rico.....	313
Virgin Islands.....	(4)

¹ Persons receiving old-age, wife's, husband's, widow's, widower's, and parent's benefits; adjusted to exclude (1) women beneficiaries aged 62-64, (2) wife beneficiaries under age 62 with child beneficiaries in their care, and (3) duplicate counts for beneficiaries receiving both old-age and wife's or husband's benefits.

² Based on population as of July 1957, estimated by the Bureau of Public Assistance.

³ Continental United States, Alaska, Hawaii, Puerto Rico, and the Virgin Islands.

⁴ Rate not shown because reliable estimate of population aged 65 or over is not available.

Table 14.—*Employment security: Selected data on nonfarm placements and unemployment insurance claims and benefits, by State, September 1957¹*

Region and State	Nonfarm placements	Initial claims ²		Weeks of unemployment covered by continued claims		Compensated unemployment					Average weekly insured unemploy- ment ³
		Total	Women	Total	Women	All types of unemployment ⁴			Total unemployment		
						Weeks com- pensated	Benefits paid ⁴	Average weekly number of benefi- ciaries	Weeks com- pensated	Average weekly payment	
Total.....	560,969	1,032,123	322,262	4,860,461	1,855,533	4,094,983	\$113,324,744	974,996	3,754,143	\$28.64	⁵ 1,166,714
Region I:											
Connecticut.....	8,135	12,819	5,571	81,602	39,990	76,207	2,377,496	18,145	72,657	31.55	20,418
Maine.....	2,765	5,844	2,882	36,654	21,060	30,813	800,661	7,336	26,536	22.27	8,823
Massachusetts.....	17,703	42,355	22,168	195,645	96,349	174,433	4,656,575	41,532	135,035	30.23	47,572
New Hampshire.....	1,536	4,210	2,359	21,920	12,340	17,644	368,542	4,201	14,780	22.53	5,075
Rhode Island.....	1,601	9,153	5,025	47,977	24,709	43,114	1,184,657	10,265	39,894	27.85	10,996
Vermont.....	1,525	1,910	851	8,327	4,244	7,039	165,916	1,676	6,455	24.35	2,092
Region II:											
New Jersey.....	11,334	48,767	19,351	259,304	121,306	249,221	7,838,581	59,338	222,223	32.40	63,047
New York.....	73,839	148,885	62,983	547,051	227,026	477,339	13,997,659	113,652	427,450	30.95	132,424
Puerto Rico.....	6,870	495	133	5,967	1,937	738	17,764	176	732	24.16	
Virgin Islands.....	223			4		4	98	1	4	24.50	
Region III:											
Delaware.....	568	3,433	522	11,952	3,004	12,620	380,960	3,005	11,826	30.94	2,932
District of Columbia.....	3,351	2,713	905	19,294	7,231	16,533	432,289	3,936	16,124	26.26	4,537
Maryland.....	5,817	14,045	3,680	67,789	23,896	68,077	2,032,889	16,209	63,861	30.55	16,591
North Carolina.....	19,373	23,930	11,693	133,076	64,409	106,804	2,115,932	25,430	98,996	20.37	28,795
Pennsylvania.....	23,115	95,388	29,636	542,380	204,370	497,390	13,710,873	118,426	456,119	28.65	131,238
Virginia.....	7,370	6,861	2,441	49,789	18,868	45,385	1,015,853	10,806	43,325	22.80	11,414
West Virginia.....	2,613	7,412	1,081	47,368	9,322	35,965	805,932	8,563	32,770	23.15	11,271
Region IV:											
Alabama.....	9,352	15,611	3,197	80,054	23,956	57,677	1,179,575	13,733	55,399	20.70	19,758
Florida.....	18,596	14,380	5,637	108,197	59,177	85,641	1,903,389	20,391	81,740	22.45	26,014
Georgia.....	9,519	15,180	5,208	103,348	43,738	83,719	1,900,165	19,933	79,170	23.15	24,814
Mississippi.....	8,637	6,989	2,738	41,000	17,283	35,071	696,555	8,350	31,984	20.56	9,931
South Carolina.....	6,648	9,183	4,065	56,751	26,536	43,967	919,673	10,468	40,321	21.38	13,440
Tennessee.....	10,152	13,614	3,922	132,521	51,603	103,739	2,313,592	24,700	97,450	22.70	31,859
Region V:											
Kentucky.....	4,368	11,435	2,172	110,696	34,757	91,572	2,152,321	21,803	85,284	24.19	26,080
Michigan.....	13,128	162,240	23,706	505,286	105,724	377,986	13,137,823	89,997	361,847	35.50	129,784
Ohio.....	27,438	46,187	11,402	219,265	77,404	182,540	5,596,531	43,462	171,961	31.48	52,322
Region VI:											
Illinois.....	20,322	36,543	14,367	224,283	91,587	188,005	5,179,104	44,763	169,485	28.75	52,690
Indiana.....	9,013	28,660	7,121	125,712	43,839	97,692	2,654,214	23,260	89,206	28.19	26,853
Minnesota.....	12,062	6,359	1,898	41,076	15,756	34,314	855,223	8,170	32,266	25.42	9,826
Wisconsin.....	11,273	13,866	4,650	66,626	26,810	53,788	1,657,205	12,807	49,190	31.29	16,185
Region VII:											
Iowa.....	8,832	4,123	1,504	21,002	10,476	18,059	426,807	4,300	16,091	24.83	5,030
Kansas.....	10,133	5,713	1,186	22,543	8,056	19,813	519,475	4,717	18,150	26.85	5,591
Missouri.....	8,375	22,907	8,941	87,687	39,069	65,297	1,333,746	15,547	55,468	22.06	22,929
Nebraska.....	6,350	1,671	750	10,519	5,787	8,942	228,338	2,129	8,496	26.18	2,399
North Dakota.....	3,001	220	92	1,504	871	958	21,408	228	793	23.69	265
South Dakota.....	2,200	406	212	1,944	1,136	1,495	30,858	356	1,193	22.61	447
Region VIII:											
Arkansas.....	6,337	5,690	1,797	37,064	12,315	25,996	520,080	6,190	23,967	20.52	8,488
Louisiana.....	8,598	6,740	1,423	36,570	10,609	29,730	633,247	7,079	26,299	22.28	8,638
Oklahoma.....	14,220	5,986	2,153	38,541	16,411	29,625	711,706	7,054	27,486	24.76	9,044
Texas.....	53,614	19,918	5,781	110,805	43,046	92,226	2,094,548	21,959	87,713	23.02	24,088
Region IX:											
Colorado.....	10,348	2,347	727	12,095	5,462	10,109	309,870	2,407	9,250	31.62	2,784
Montana.....	3,204	2,803	573	13,140	3,641	11,768	329,741	2,802	11,768	27.88	2,900
New Mexico.....	4,441	1,902	311	8,323	1,660	7,059	176,024	1,681	6,452	25.74	2,002
Utah.....	4,180	1,668	533	8,192	3,771	6,510	177,184	1,550	5,849	28.42	1,873
Wyoming.....	1,934	433	141	2,209	905	1,654	48,374	394	1,468	29.88	445
Region X:											
Arizona.....	5,785	4,317	1,249	19,091	6,212	13,980	364,472	3,329	13,221	26.57	4,467
California.....	39,232	84,036	24,364	351,861	127,675	290,892	8,341,644	69,260	270,726	29.62	85,293
Hawaii.....	1,171	1,771	791	9,986	4,275	7,348	179,926	1,750	6,273	26.44	(*)
Nevada.....	2,195	2,073	411	7,472	1,686	7,175	271,401	1,708	6,751	38.60	1,881
Region XI:											
Alaska.....	785	1,427	238	5,608	1,372	22,987	681,294	5,473	22,332	29.67	(*)
Idaho.....	4,781	1,527	461	8,275	4,412	7,052	199,646	1,679	6,556	28.93	1,928
Oregon.....	5,027	22,285	2,782	59,982	18,222	46,996	1,532,186	11,190	43,698	32.38	15,553
Washington.....	7,980	23,693	4,478	95,134	30,233	74,275	2,144,722	17,685	70,044	29.40	23,892

¹ Includes data for the Federal employees' unemployment insurance program, administered by the States as agents of the Federal Government.

² Total excludes transitional claims.

³ Total, part-total, and partial.

⁴ Not adjusted for voided benefit checks and transfers under interstate com-

bined-wage plan.

⁵ Excludes Alaska and Hawaii.

* Data not available.

Source: Department of Labor, Bureau of Employment Security, and affiliated State agencies.

Table 15.—Public assistance in the United States, by month, September 1956–September 1957

[Except for general assistance, includes vendor payments for medical care and cases receiving only such payments]

Year and month	Total ¹	Old-age assistance	Aid to dependent children		Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)	Total	Old-age assistance	Aid to dependent children (families)	Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)	
			Families	Recipients										
				Total ²										Children

1956	Number of recipients							Percentage change from previous month ³					
September.....	2,511,947	606,563	2,228,005	1,606,484	106,609	263,471	281,000	-----	-0.1	-0.1	+0.2	+0.5	-5.4
October.....	2,512,565	605,925	2,226,560	1,697,530	106,820	265,208	282,000	-----	(⁴)	-1	+2	+7	+5
November.....	2,512,459	608,661	2,238,994	1,706,869	107,193	267,639	290,000	-----	(⁵)	+5	+3	+9	+2.8
December.....	2,514,468	616,226	2,270,657	1,731,751	107,483	269,191	305,000	-----	+1	+1.2	+3	+6	+5.4
1957													
January.....	2,512,411	623,342	2,298,896	1,753,536	107,531	271,216	334,000	-----	-1	+1.2	(⁶)	+8	+9.4
February.....	2,509,493	629,847	2,325,867	1,775,169	107,456	273,465	337,000	-----	-1	+1.0	-1	+8	+9
March.....	2,509,098	636,713	2,351,251	1,794,489	107,639	276,133	336,000	-----	(⁷)	+1.1	+2	+1.0	-2
April.....	2,508,104	642,611	2,376,082	1,814,287	107,974	279,148	325,000	-----	(⁸)	+9	+3	+1.1	-3.3
May.....	2,506,394	646,224	2,392,527	1,826,673	108,142	281,865	309,000	-----	-1	+6	+2	+1.0	-4.9
June.....	2,503,823	647,208	2,398,693	1,831,925	108,441	283,901	294,000	-----	-1	+2	+3	+7	-5.0
July.....	2,500,712	644,102	2,391,192	1,826,543	108,667	285,545	290,000	-----	-1	-5	+2	+6	-1.2
August.....	2,498,152	644,953	2,398,768	1,832,615	108,611	285,928	291,000	-----	-1	+1	-1	+1	+1
September.....	2,493,941	646,968	2,413,907	1,845,614	108,444	285,750	* 288,000	-----	-2	+3	-2	-1	* -8
1956	Amount of assistance							Percentage change from previous month					
September.....	\$235,582,000	\$138,796,047	\$54,854,426		\$6,516,200	\$14,977,834	\$14,728,000	-0.5	-0.2	+0.3	+0.2	+0.5	-8.2
October.....	243,631,000	144,387,281	56,389,879		6,715,577	15,362,558	15,299,000	+3.4	+4.0	+2.8	+3.1	+2.6	+3.9
November.....	245,958,000	145,133,252	56,863,539		6,752,514	15,659,665	15,805,000	+1.0	+5	+8	+6	+1.9	+3.3
December.....	249,777,000	145,810,238	58,571,167		6,787,693	15,834,611	17,133,000	+1.6	+5	+3.0	+5	+1.1	+8.4
1957													
January.....	251,794,000	145,158,000	59,345,712		6,792,570	15,861,668	18,985,000	+8	-4	+1.3	+1	+2	+10.8
February.....	253,508,000	145,552,635	60,293,429		6,799,386	16,068,612	18,991,000	+7	+3	+1.6	+1	+1.3	(⁹)
March.....	256,212,000	146,009,789	61,360,890		6,834,412	16,231,284	19,241,000	+1.1	+3	+1.8	+5	+1.0	+1.3
April.....	257,077,000	146,560,554	62,323,996		6,854,191	16,436,709	18,549,000	+3	+4	+1.6	+3	+1.3	-3.6
May.....	256,616,000	146,766,526	62,471,755		6,901,479	16,697,046	17,306,000	-2	+1	+2	+7	+1.6	-6.7
June.....	255,479,000	146,870,779	62,467,765		6,925,697	16,778,529	16,140,000	-4	+1	(¹⁰)	+4	+5	-6.7
July.....	255,960,000	147,557,971	62,368,494		6,989,644	16,977,947	16,199,000	+2	+5	-2	+9	+1.2	+4
August.....	256,649,000	147,869,058	62,612,411		6,981,169	16,966,039	16,232,000	+3	+2	+4	-1	-1	+2
September.....	256,631,000	147,398,345	63,334,850		6,942,874	16,872,817	* 16,138,000	(¹¹)	-3	+1.2	-5	-5	* -6

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States.

³ Includes as recipients the children and 1 parent or other adult relative in

families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

⁴ Increase of less than 0.05 percent.

⁵ Decrease of less than 0.05 percent.

⁶ Excludes Idaho; data not available. Percentage change based on data for 52 States.

Table 16.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1957 ¹

State	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance
Total.....	\$11,628,959	\$2,813,040	\$331,487	\$2,173,737	² \$5,944,000
Alabama.....	1,067	1,066		306	22
Alaska.....				(³)	⁴ 38,508
Arkansas.....	83,510	4,296	3,788	9,412	
California.....				(³)	94,728
Colorado.....		31,828	1,602		(⁵)
Connecticut.....	264,571	84,330	5,406	68,032	(⁵)
District of Columbia.....	524	473		745	225
Hawaii.....	9,324	31,272	609	7,014	(⁵)
Illinois.....	2,164,590	348,871	55,525	392,819	⁴ 457,966
Indiana.....	477,017	100,788	23,187	(³)	⁴ 207,092
Iowa.....				(³)	⁴ 216,840
Kansas.....	292,644	50,924	5,322	45,217	32,114
Louisiana.....	889	7,706	266	2,442	2,689
Maine.....	95,080	18,604	3,381	10,890	⁴ 72,243
Massachusetts.....	1,756,393	121,484	16,176	322,608	125,875
Michigan.....	204,036	29,908	5,292	9,174	104,454
Minnesota.....	521,925	125,386	14,548	7,730	385,291
Montana.....			1,046		⁴ 161,949
Nebraska.....					⁴ 202,324
Nevada.....	15,090		738	(³)	71,400
New Hampshire.....	83,557	13,258	2,940	10,213	(⁵)
New Jersey.....	250,842	20,207	1,709	43,220	125,753
New Mexico.....	59,053	52,122	2,079	11,302	6,454
New York.....	1,721,598	823,809	64,514	766,724	(⁵)
North Carolina.....	66,053	32,253	2,784	34,962	⁴ 169,342
North Dakota.....	157,572	22,594	607	24,515	⁴ 15,532
Ohio.....	557,923	14,218	21,188		⁴ 910,810
Oklahoma.....	551,190	212,328	10,878	48,834	(⁵)
Oregon.....	315,409	25,992	2,511	62,568	64,461
Pennsylvania.....	206,336	162,315	52,953	72,525	68,131
Rhode Island.....	66,744	51,903	762	21,156	⁴ 31,684
South Carolina.....					⁴ 13,005
South Dakota.....					⁴ 94,918
Utah.....	53,388	36,225	1,248	10,584	42
Virgin Islands.....	177	79	6	27	74
Virginia.....					⁴ 11,764
Washington.....	906,303	184,179	9,929	107,126	137,512
West Virginia.....	81,993	64,816	2,995	22,515	⁴ 11,069
Wisconsin.....	660,814	136,362	16,941	56,506	158,576
Wyoming.....	23,337	3,364	467	3,870	⁴ 14,811

¹ For the special types of public assistance figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting

these data semiannually but not on a monthly basis.

³ No program for aid to the permanently and totally disabled.

⁴ Includes payments made in behalf of recipients of the special types of public assistance.

⁵ Data not available.

Table 17.—Average payments including vendor payments for medical care, average amount of money payments, and average amount of vendor payments for assistance cases, by program and State, September 1957 ¹

State	Old-age assistance			Aid to dependent children (per family)			Aid to the blind			Aid to the permanently and totally disabled		
	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴
Total, 53 States ⁴	\$59.10	\$54.64	\$4.66	\$97.89	\$93.68	\$4.35	\$64.02	\$61.09	\$3.06	\$59.05	\$51.76	\$7.61
Alabama	42.88	42.87	.01	41.97	41.92	.05				35.84	35.82	.02
Arkansas	43.48	41.99	1.50	56.83	56.28	.56	49.14	47.29	1.85	32.47	31.09	1.39
Colorado				120.59	115.35	5.23	70.53	65.43	5.10			
Connecticut	92.46	75.46	17.00	139.94	124.94	15.00	97.49	80.49	17.00	116.72	84.72	32.00
District of Columbia	55.75	55.58	.17	123.52	123.33	.18				66.45	66.14	.30
Hawaii	51.46	45.59	5.87	120.30	108.73	11.57	61.75	54.50	7.25	62.64	56.78	5.85
Illinois	67.27	43.79	25.43	146.52	133.44	13.11	71.70	56.18	16.61	81.44	52.66	29.92
Indiana	56.42	41.81	14.87	99.98	89.48	10.69	68.91	56.31	12.76	(⁵)	(⁵)	(⁵)
Kansas	71.97	63.23	9.16	120.81	111.48	10.30	78.89	70.98	8.47	75.25	65.18	10.76
Louisiana	62.99	62.98	.01	83.68	83.33	.35	73.91	73.80	.11	49.90	49.73	.17
Maine	57.59	49.59	8.00	94.01	90.01	4.00	61.18	54.18	7.00	64.31	54.31	10.00
Massachusetts	92.31	72.40	20.40	147.75	138.50	9.64	112.02	104.33	8.27	113.68	82.07	34.16
Michigan	63.08	60.17	2.98	132.14	130.74	1.41	71.95	68.98	2.97	79.43	76.59	3.04
Minnesota	76.58	66.03	10.55	134.11	119.11	15.14	85.65	73.04	12.61	60.13	55.90	4.59
Montana							71.21	68.66	2.55			
Nevada	67.60	61.64	5.96				97.45	91.40	6.05	(⁵)	(⁵)	(⁵)
New Hampshire	66.23	51.08	15.21	136.36	122.29	14.62	71.31	59.46	11.85	87.37	56.96	30.58
New Jersey	80.00	68.13	11.88	139.38	136.70	2.67	75.40	75.09	1.86	90.26	81.04	9.22
New Mexico	52.96	47.07	5.89	96.10	88.38	7.72	55.94	50.73	5.21	54.94	48.99	5.95
New York	89.42	73.46	18.92	150.51	137.98	14.22	95.65	82.28	15.22	90.87	72.60	20.16
North Carolina	36.20	34.92	1.28	69.06	67.51	1.55	45.63	45.08	.56	41.58	39.26	2.32
North Dakota	76.77	57.59	20.16	132.50	120.89	13.49	65.55	59.44	6.11	82.85	61.02	24.25
Ohio	64.56	58.60	5.95	95.16	94.40	.76	63.48	57.85	5.62			
Oklahoma	72.56	66.70	5.86	99.82	86.65	13.16	87.37	81.71	5.66	80.40	74.01	6.38
Oregon	76.16	59.03	17.43	139.52	133.66	6.60	79.59	71.90	8.15	85.90	69.72	17.04
Pennsylvania	50.20	46.07	4.12	115.23	110.04	5.19	62.56	59.57	2.99	57.89	52.44	5.45
Rhode Island	70.35	61.39	9.00	120.59	107.26	13.33	71.53	66.05	6.00	79.00	67.00	12.00
Utah	64.52	58.56	5.97	128.44	115.53	12.91	71.83	66.11	5.72	70.93	65.01	5.93
Virgin Islands	18.47	18.29	.27	35.66	35.63	.30	(⁵)	(⁵)	(⁵)	20.02	19.77	.25
Washington	91.38	75.26	16.28	150.08	130.72	19.44	104.42	92.21	12.81	103.90	84.50	19.66
West Virginia	33.92	30.20	3.72	86.64	83.02	3.62	37.10	34.47	2.63	36.39	33.58	2.80
Wisconsin	70.61	53.91	16.92	152.13	134.16	18.07	76.78	60.77	16.18	108.94	64.25	45.10
Wyoming	68.02	61.80	6.22	126.53	121.00	5.53	71.62	64.43	7.18	70.47	62.72	7.76

¹ Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. Figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² Averages based on cases receiving money payments, vendor payments for medical care, or both.

³ May also include small amounts for assistance in kind and vendor payments for other than medical care. Averages based on number of cases receiving payments. See tables 18-21 for average payments for States not making vendor payments for medical care.

⁴ For aid to the permanently and totally disabled represents data for the 47 States with programs in operation.

⁵ No program for aid to the permanently and totally disabled.

⁶ Average payment not computed on base of less than 50 recipients.

Table 18.—Old-age assistance: Recipients and payments to recipients, by State, September 1957¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1957 in—		September 1956 in—	
				Number	Amount	Number	Amount
Total ²	2,403,941	\$147,398,345	\$59.10	-0.2	-0.3	-0.7	+6.2
Ala.....	104,818	4,494,474	42.88	-1.1	-3.4	+3.3	+34.7
Alaska.....	1,563	100,091	64.04	-2	(³)	-4.7	+4.4
Ariz.....	14,149	784,345	55.43	-2	-1	+3	-2
Ark.....	55,658	2,420,274	43.48	+2	-7	+1.1	+32.2
Calif.....	263,776	19,650,825	74.50	(⁴)	-1.2	-8	+4.2
Colo. ⁵	52,278	4,285,570	81.98	-2	-4	-6	-11.1
Conn.....	15,563	1,438,880	92.46	+2	+1.4	-4.5	-3.1
Del.....	1,624	79,964	49.24	+4	(⁶)	+4.8	+13.6
D. C.....	3,061	170,648	55.75	-4	-2	+1.7	+7.9
Fla.....	69,290	3,564,587	51.44	+1	+4	+4	+9.5
Ga.....	98,712	4,240,525	42.96	+1	+1	+6	+12.4
Hawaii.....	1,588	81,714	51.46	+3	+6	-1.9	+16.4
Idaho.....	8,178	494,687	60.49	-4	-3	-1.5	+7.2
Ill.....	85,115	5,725,804	67.27	-5	-1.3	-5.0	+3.7
Ind.....	32,072	1,809,452	56.42	-4	-1.2	-5.7	+3.2
Iowa.....	38,245	2,567,491	67.13	-1	-1	-2.9	+2.0
Kans.....	31,931	2,238,060	71.97	-3	-4	-3.5	+3.6
Ky.....	58,638	2,266,639	38.65	-1	-1	+2.8	+11.4
La.....	124,693	7,854,540	62.99	-1	-1	+2.1	+5.8
Maine.....	11,885	684,516	57.59	+7	+8	+1.3	+16.2
Md.....	9,790	502,464	51.32	-5	-3	-2.7	+3.6
Mass.....	86,081	7,946,026	92.31	-2	+2.1	+1.1	+10.6
Mich.....	68,392	4,314,088	63.08	-1	-4.6	-3.1	+1.9
Minn.....	49,463	3,788,040	76.58	(⁷)	-2.5	-2.0	+6.4
Miss.....	81,626	2,329,090	28.53	+1	-1	+14.0	+12.6
Mo.....	125,618	6,849,286	54.52	-2	-2	-2.0	+7.3
Mont.....	8,203	508,515	61.99	-4	-4	-4.0	+2.2
Nebr.....	16,916	901,773	53.31	-3	(⁸)	-2.4	-1.6
Nev.....	2,534	171,294	67.60	+4	+7	-2.3	+6.8
N. H.....	5,492	363,721	66.23	+1	+1.0	-5.5	-3.6
N. J.....	19,434	1,554,796	80.00	-1	-7	-8	+5.9
N. Mex.....	10,026	530,941	52.96	+2	+7	+9.2	+12.5
N. Y.....	91,009	8,137,876	89.42	-3	(⁹)	-4.2	+7
N. C.....	51,604	1,867,906	36.20	(¹⁰)	+3	0	+11.8
N. Dak.....	7,817	600,079	76.77	-2	-9	-1.8	+2.1
Ohio.....	93,693	6,048,445	64.56	-3	-2	-3.8	-2.0
Okl.....	94,121	6,829,432	72.56	-1	-5	-6	+12.0
Oreg.....	18,092	1,377,871	76.16	-1	+13.5	-1.2	+10.7
Pa.....	50,054	2,512,559	50.20	-6	-9	-4.4	+2.6
P. R.....	42,578	342,764	8.05	-3	-1	-1.5	-5
R. I.....	7,416	521,751	70.35	-4	-2	-5.0	+2.9
S. C.....	36,733	1,370,120	37.30	-4	-2	-3.7	+7.3
S. Dak.....	10,023	488,791	48.77	-4	-1	-2.4	+5.4
Tenn.....	57,861	2,107,650	36.43	-1	+7	-4.2	+1.8
Tex.....	223,931	10,091,115	45.06	(¹¹)	+1	+3	+8.0
Utah.....	8,949	577,421	64.52	-3	-2	-3.1	+2.6
Vt.....	6,387	322,611	50.51	-8	-6	-3.9	-2.3
V. I.....	652	12,045	18.47	-2	-6	-3.6	-3.5
Va.....	16,051	567,304	35.34	-2	-1	-2.5	+10.0
Wash.....	55,680	5,087,972	91.38	-1	+1.2	-7	+11.9
W. Va.....	22,055	748,114	33.92	-2	+2.3	-4.0	+8.2
Wis.....	39,063	2,758,328	70.61	-2	+5	-4.6	+1.2
Wyo.....	3,751	255,161	68.02	-1	-6	-3.0	+12.6

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Includes 4,134 recipients aged 60-64 in Colorado and payments of \$354,633 to these recipients. Such payments are made without Federal participation.

³ In addition, supplemental payments of \$11,633 from general assistance funds were made to 54 recipients in Alaska and \$143,271 to some recipients in Nebraska.

⁴ Decrease of less than 0.05 percent.

⁵ Increase of less than 0.05 percent.

⁶ Includes an estimated number of cases receiving only vendor payments for medical care.

Table 19.—Aid to the blind: Recipients and payments to recipients, by State, September 1957¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1957 in—		September 1956 in—	
				Number	Amount	Number	Amount
Total ²	108,444	\$6,942,874	\$64.02	-0.2	-0.5	+1.7	+6.5
Ala.....	1,676	64,733	38.62	+1	+1	-2.0	+11.6
Alaska.....	84	5,738	68.31	(³)	(⁴)	(⁵)	(⁶)
Ariz.....	811	52,269	64.45	-1.0	-7	+2.9	+2.1
Ark.....	2,049	100,682	49.14	+3	-9	(⁷)	+23.9
Calif. ⁸	13,516	1,236,312	91.47	+1	-6	+2.0	+5.9
Colo.....	314	22,146	70.53	-3	+2.3	-3.7	+2.6
Conn.....	318	31,002	97.49	+1.0	-1.2	-5.1	-7.2
Del.....	252	15,207	72.25	+2.9	+2.0	+14.5	+29.5
D. C.....	241	15,458	64.14	-3.2	-2.1	-7.7	-1.9
Fla.....	2,507	141,376	56.39	-4	-4	-3.0	+10.7
Ga.....	3,468	166,932	48.13	-6	-7	+1	+10.6
Hawaii.....	84	5,187	61.75	(⁹)	(¹⁰)	(¹¹)	(¹²)
Idaho.....	183	12,056	65.88	-1.6	-2.0	-2.7	+1.8
Ill.....	3,343	239,698	71.70	-1.6	-1.2	-3.2	+8
Ind.....	1,817	125,218	68.91	+7	-1.3	+1	+8.2
Iowa.....	1,470	121,974	82.98	-4	-9	-1.5	+5.9
Kans.....	628	49,542	78.89	0	+7	-6	+6.8
Ky.....	3,244	129,442	39.90	+1	+2	+2.8	+10.8
La.....	2,364	174,729	73.91	+3	-3	+12.5	+0.7
Maine.....	483	29,548	61.18	-8	-1.5	-6.9	+5.7
Md.....	463	26,428	57.08	-1.9	-1.7	-2.1	+3.4
Mass.....	1,956	219,102	112.02	-2	-1.6	+3.2	+12.7
Mich.....	1,784	128,360	71.95	-7	-5.3	+3	+6.5
Minn.....	1,154	98,838	85.65	-3	-10.2	-3.4	-1.7
Miss.....	5,051	196,477	38.90	+8	+6	+27.4	+27.4
Mo.....	5,133	307,980	60.00	+1	+1	+5.6	+5.6
Mont.....	410	29,195	71.21	+1.2	-5.9	-1.9	+5.5
Nebr.....	973	63,979	65.75	+1.4	+1.2	+13.5	+14.5
Nev.....	122	11,889	97.45	-8	-1.7	+5.2	+37.4
N. H.....	248	17,686	71.31	+4	+1.7	-3.9	+1.3
N. J.....	917	69,144	75.40	+1.1	+7	-1	+7.4
N. Mex.....	399	22,320	55.94	-1.0	-1.3	+1.8	+3.8
N. Y.....	4,239	405,468	95.65	-2	+2	-1.9	+3.2
N. C.....	4,941	225,458	45.63	-9	+5	+2	+9.8
N. Dak.....	114	7,473	65.55	-2.6	-2.6	-5.0	-5.3
Ohio.....	3,769	239,242	63.48	-5	-1.3	-1.2	+1.6
Okl.....	1,921	167,835	87.37	-4	-6	-1.3	+10.1
Oreg.....	* 308	24,513	79.59	0	+3.2	-6.1	-1.1
Pa. ¹³	17,736	1,109,503	62.56	+4	+7	+3.2	+5.2
P. R.....	1,787	14,242	7.97	+1	+3	+5.3	+4.9
R. I.....	127	9,084	71.53	-10.6	-11.0	-21.1	-22.0
S. C.....	1,767	74,057	41.91	-2	-3	-1.0	+8.6
S. Dak.....	188	9,251	49.21	-1.6	-1.3	-4.6	+2.7
Tenn.....	2,968	122,514	41.28	-9	-9	-4.5	-1.8
Tex.....	6,451	316,511	49.06	-9	-8	-1.6	+5.4
Utah.....	218	15,660	71.83	-1.4	-2.4	-4.8	+4.3
Vt.....	137	7,451	54.39	-7	+7	+7	+12.5
V. I.....	23	482	(¹⁴)	(¹⁵)	(¹⁶)	(¹⁷)	(¹⁸)
Va.....	1,263	52,296	41.41	-1.3	-9	-2.5	+5.9
Wash. ¹⁹	775	80,928	104.42	+4	+2.1	-9	+10.9
W. Va.....	1,138	42,220	37.10	-8	+1	-3.2	+5.4
Wis.....	1,047	80,384	76.78	-8	-2.0	-5.2	-7
Wyo.....	65	4,655	71.62	(²⁰)	(²¹)	(²²)	(²³)

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, \$31,132 to 323 recipients; Missouri, \$37,327 to 616 recipients; Pennsylvania, \$644,693 to 10,421 recipients; and Washington, \$45 to 1 recipient.

³ Average payment not computed on base of less than 50 recipients; percentage change, on less than 100 recipients.

⁴ Increase of less than 0.05 percent.

⁵ In addition, supplemental payments of \$9,263 were made to some recipients from general assistance funds.

⁶ Includes an estimated number of cases receiving only vendor payments for medical care.

Table 20.—Aid to dependent children: Recipients and payments to recipients, by State, September 1957 ¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from—			
		Total ²	Children	Total amount	Average per—		August 1957 in—		September 1956 in—	
					Family	Recipient	Number of families	Amount	Number of families	Amount
Total.....	646,968	2,413,907	1,845,614	\$63,334,850	\$97.89	\$26.24	+0.3	+1.2	+6.7	+15.5
Alabama.....	21,217	83,412	64,523	890,500	41.97	10.68	+5	+6	+6.7	+8.0
Alaska.....	1,259	4,302	3,164	105,676	83.94	24.56	-1.5	-1.7	-5.8	-8.9
Arizona.....	5,435	21,116	16,029	568,582	104.61	26.93	+9	+8	+10.8	+13.2
Arkansas.....	7,665	29,147	22,766	435,634	56.83	14.95	+1.1	+8	+2.2	+3.9
California.....	52,236	186,835	145,004	7,223,450	138.28	38.66	-5	+1	+5.2	+16.0
Colorado.....	6,082	23,608	18,333	733,405	120.59	31.07	+1.2	+6.2	+5.6	+14.5
Connecticut.....	5,622	18,048	13,440	786,769	139.94	43.59	+1.3	+2.3	+5.5	+2.2
Delaware.....	1,426	5,378	4,121	123,941	86.92	23.05	-2	-5	+25.6	+29.9
District of Columbia.....	2,563	11,018	8,595	316,574	123.52	28.73	+4	+2.9	+21.5	+41.4
Florida.....	22,924	82,634	63,590	1,352,449	59.00	16.37	+8	+9	+6.0	+12.8
Georgia.....	14,393	52,912	40,516	1,181,278	82.07	22.33	-1.0	-1.2	+3.9	+13.8
Hawaii.....	2,703	10,607	8,528	325,164	120.30	30.66	+8	-4.1	-4.4	+15.2
Idaho.....	1,747	6,443	4,755	244,470	139.94	37.94	-1	+8	+2.5	+11.4
Illinois.....	26,621	107,569	82,353	3,900,486	146.52	36.26	-8	-4	+6.6	+10.4
Indiana.....	9,432	33,839	25,250	943,000	99.98	27.87	+2	+1.5	+7.2	+16.8
Iowa.....	7,356	26,797	19,993	854,562	116.17	31.89	-3	+5	+7.2	+10.0
Kansas.....	4,944	17,898	13,850	597,284	120.81	33.37	+1.2	+8	+7.3	+14.4
Kentucky.....	19,464	71,147	53,688	1,399,112	71.88	19.67	-2	-2	+4.4	+17.2
Louisiana.....	22,121	88,395	67,998	1,850,977	83.68	20.94	+4	-1	+13.0	+30.1
Maine.....	4,651	16,175	11,891	437,239	94.01	27.03	+1.3	+1.8	+8.1	+20.2
Maryland.....	6,632	27,336	21,340	670,235	101.06	24.52	-2	-2	+6.2	+10.1
Massachusetts.....	12,603	42,738	31,634	1,862,125	147.75	43.57	+2	+5.7	+1.4	+10.3
Michigan.....	21,259	75,768	55,776	2,809,214	132.14	37.08	+9	+1	+11.1	+25.0
Minnesota.....	8,282	28,203	21,732	1,110,671	134.11	39.38	(³)	+1.6	+3.5	+11.9
Mississippi.....	14,250	53,275	41,830	401,846	28.20	7.54	+9	+9	+21.3	+23.2
Missouri.....	21,703	79,725	59,879	1,879,843	86.62	23.58	+8	+1.5	+8.3	+30.8
Montana.....	2,140	7,783	6,041	252,870	118.16	32.49	-3.4	-3.1	+6.7	+16.8
Nebraska.....	2,822	10,466	7,900	278,942	98.85	26.65	+9	+1.1	+3.6	+3.6
Nevada.....	663	2,175	1,670	58,923	88.87	27.09	-1.0	-2.0	+31.8	+29.8
New Hampshire.....	907	3,425	2,581	123,682	136.36	36.11	+2.3	+2.5	-2.7	-1.6
New Jersey.....	7,560	25,322	19,195	1,053,683	139.38	41.61	+2.2	+2.2	+14.2	+31.8
New Mexico.....	6,751	25,237	19,262	648,792	96.10	25.71	-1.3	-1.2	+11.1	+15.9
New York.....	57,953	221,634	165,677	8,722,697	150.51	39.36	+3	+3.4	+7.1	+12.6
North Carolina.....	20,797	80,632	61,918	1,436,325	69.06	17.81	+2.1	+2.2	+10.7	+22.4
North Dakota.....	1,675	6,191	4,779	221,940	132.50	35.85	-1	-4	+2.8	+11.5
Ohio.....	18,811	72,795	55,615	1,790,028	95.16	24.59	+6	+1.0	+7.8	+14.3
Oklahoma.....	16,131	55,393	42,118	1,610,117	99.82	29.07	-2	+7	+2.9	+22.9
Oregon.....	⁴ 3,936	⁵ 14,482	⁶ 10,974	549,144	139.52	37.92	+9.4	+15.6	+19.4	+23.6
Pennsylvania.....	31,290	122,555	93,466	3,605,580	115.23	29.42	+6	+7	+8.5	+14.5
Puerto Rico.....	45,156	160,790	128,705	594,351	13.16	3.70	+4	+6	+7.4	+32.4
Rhode Island.....	3,900	13,793	10,255	470,307	120.59	34.10	+1.8	+1.9	+12.1	+17.6
South Carolina.....	8,509	33,279	26,027	469,045	55.12	14.09	+2	+4	+7.7	+25.3
South Dakota.....	2,682	9,899	7,504	260,652	90.44	26.33	+1	-1	+3.6	+11.3
Tennessee.....	18,937	69,144	51,929	1,241,998	65.59	17.06	-1	+6	-2.6	+2.0
Texas.....	23,290	95,662	72,645	1,650,837	70.88	17.26	-4	-5	+9.1	+19.5
Utah.....	2,805	9,833	7,307	360,279	128.44	36.64	+8	+4	-6	+12.2
Vermont.....	1,063	3,735	2,818	95,713	90.04	25.63	-7	+1	+1.6	+16.2
Virgin Islands.....	267	1,038	870	9,521	35.66	9.17	+2.3	+1.2	+6.4	+11.1
Virginia.....	8,615	34,276	26,777	628,069	72.90	18.32	-6	-2	-1.6	+6.0
Washington.....	9,476	32,988	24,516	1,422,134	150.08	43.11	+6	+3	+8.5	+32.3
West Virginia.....	17,888	67,835	52,619	1,549,843	86.64	22.85	(⁷)	+3	+4	+8.5
Wisconsin.....	7,546	27,031	20,200	1,147,962	152.13	42.47	-2	+6	-4.1	(⁷)
Wyoming.....	608	2,189	1,668	76,930	126.53	35.14	-1.3	+2.3	+7.0	+21.3

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.² Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.³ Increase of less than 0.05 percent.⁴ In addition, supplemental payments of \$168,103 were made from general assistance funds to 4,541 families.⁵ Includes an estimated number of cases receiving only vendor payments for medical care.⁶ Decrease of less than 0.05 percent.

Table 21.—Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, September 1957¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1957 in—		September 1956 in—	
				Number	Amount	Number	Amount
Total.....	285,750	\$16,872,817	\$59.05	-0.1	-0.5	+8.5	+12.7
Ala.....	12,699	455,186	35.84	-6	-8	+5.3	+8.3
Ark.....	6,787	220,356	32.47	-6	-9	+12.6	+14.8
Calif.....	5,254	303,732	57.81	-2	-3.5	+3.0	+1.2
Conn.....	2,126	248,144	116.72	-2.6	-5.3	-1.4	-2.6
Del.....	316	19,789	62.62	-5.7	-6.6	-20.6	-12.1
D. C.....	2,453	162,999	66.45	-9	-1.1	+2.6	+10.6
Fla.....	5,872	326,694	55.64	+1.9	+1.6	+62.7	+88.0
Ga.....	13,818	646,470	46.78	+2	-1	+11.2	+22.6
Hawaii.....	1,198	75,038	62.64	-1.2	-8	-9.2	+6.8
Idaho.....	930	59,436	63.91	-1.2	-1.5	+3.3	+7.0
Ill.....	13,131	1,069,362	81.44	-3	-6	+35.9	+40.7
Kans.....	4,204	316,345	75.25	-6	-1.4	+6.7	+12.6
Ky.....	5,274	200,444	38.01	+6.8	+6.6	(2)	(2)
La.....	14,640	730,559	49.90	-9	-1.4	+3.7	+12.2
Maine.....	1,089	70,031	64.31	+1.2	+2	+47.0	+62.7
Md.....	5,030	294,565	58.56	+9	+1.2	-3	+3.1
Mass.....	9,444	1,073,633	113.68	+1.3	-1.0	-15.7	-8.8
Mich.....	3,019	239,792	79.43	+6	-3.6	+14.4	+13.7
Minn.....	1,683	101,202	60.13	+4	+3	+22.3	+28.3
Miss.....	5,350	100,503	18.79	+4.1	-20.3	+39.9	+6.8
Mo.....	14,642	829,914	56.68	+1.1	+9	+8.0	+17.3
Mont.....	1,459	99,224	68.01	-5	-9	-3	+2.5
Nebr.....	1,369	77,167	56.37	+5	+2	+22.7	+23.5
N. H.....	334	29,181	87.37	-6	+1.1	+12.1	+10.4
N. J.....	4,761	429,738	90.26	+4	-5	+13.5	+18.3
N. Mex.....	1,899	104,326	54.94	-1	(1)	+11.4	+15.6
N. Y.....	38,030	3,455,606	90.87	-1.0	-7	-4.4	-7
N. C.....	15,070	626,618	41.58	+8	+1.0	+11.5	+21.2
N. Dak.....	1,011	83,765	82.85	+1.3	-5	+4.4	+5.5
Ohio.....	9,068	484,560	53.44	-1.8	-2.8	+5.3	+11.5
Okla.....	7,649	614,972	80.40	+4	+1.1	+13.6	+55.3
Oreg.....	3,672	315,430	85.90	+5	+5.7	+11.6	+14.3
P. R.....	13,314	770,760	57.89	(1)	+1	+4.4	+8.5
Pa.....	21,007	183,348	8.73	-3	-2	+2.2	+2.5
R. I.....	1,763	139,275	79.00	+1.7	+2.0	+8.8	+11.1
S. C.....	7,746	268,740	34.69	-1.9	-2.1	-1	+8.9
S. Dak.....	927	46,405	50.06	-3	+2	+14.4	+23.4
Tenn.....	4,389	176,006	40.10	+4	+6	+59.0	+63.1
Tex.....	237	11,292	47.65	-5	-1.0	+6	+7.5
Utah.....	1,786	126,684	70.93	-5	-1.0	+6	+7.5
Vt.....	614	31,343	51.05	0	+8	+10.6	+12.1
V. I.....	109	2,182	20.02	0	0	+4.8	+8.1
Va.....	5,348	222,113	41.53	-9	-2.0	+4.0	+10.6
Wash.....	5,448	566,052	103.90	-7	-2.3	+2.7	+10.6
W. Va.....	8,029	292,168	36.39	-1.9	-3	-4.6	+4.7
Wis.....	1,253	136,501	108.94	-4	+1.9	+2.5	+8.5
Wyo.....	499	35,167	70.47	-1.0	+7	-6	+16.8

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Percentage change not computed on base of less than 100 recipients.

³ In addition, supplemental payments of \$12,574 from general assistance funds were made to some recipients in Nebraska and \$47,989 to 2,032 recipients in Ohio.

⁴ Decrease of less than 0.05 percent.

⁵ Includes an estimated number of cases receiving only vendor payments for medical care.

ERRATUM: In the November 1957 *Bulletin*, the ninth line in the first full paragraph in column 2, page 4, should read:

fits almost tripled, increasing from 177

Table 22.—General assistance: Cases and payments to cases, by State, September 1957¹

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of cases	Payments to cases		Percentage change from—			
		Total amount	Average	August 1957 in—		September 1956 in—	
				Number	Amount	Number	Amount
Total.....	288,000	\$16,138,000	\$55.96	-0.8	-0.6	+2.8	+9.6
Ala.....	86	1,109	12.90	-14.9	-11.9	-48.5	-71.4
Alaska.....	138	8,738	63.32	+7.8	+8.6	-0.2	+10.3
Ariz.....	2,249	97,511	43.36	+2.0	+4	+14.9	+13.7
Ark.....	253	3,380	13.36	-22.6	-25.8	-3.8	-5.0
Calif.....	29,475	1,568,263	53.21	-3.1	-1.2	+9.8	+13.4
Colo.....	1,271	47,959	37.73	+1.2	-4.1	-9.1	-7.7
Conn.....	3,552	237,510	66.87	+12.3	+25.2	+32.7	+62.8
Del.....	1,280	75,380	58.89	+1.9	-6	+45.3	+51.7
D. C.....	710	47,901	67.47	-1.0	-8	+21.0	+33.1
Fla.....	5,100	88,500	17.35	-	-	-	-
Ga.....	2,072	49,125	23.71	-11.1	-6.8	-2	+6.5
Hawaii.....	1,305	77,741	59.57	-3.5	-5.6	-14.8	-3.0
Ill.....	27,041	2,014,127	74.48	-1.6	-1.3	-2.2	+6.2
Ind.....	12,855	425,404	33.09	+1	+1.2	+9.1	+13.1
Iowa.....	3,400	108,451	31.90	-1.8	-2.6	-1.4	-1.8
Kans.....	1,740	95,192	54.71	-1.5	-2.6	+1.3	+7
Ky.....	2,675	86,601	32.37	+4.0	-3.6	+17.9	+28.4
La.....	9,318	418,337	44.90	-1	-1	+10.7	+18.2
Maine.....	2,014	79,445	39.45	+3	+4.0	(7)	(7)
Md.....	1,960	112,687	57.49	-8.0	-9.3	+7.9	+14.6
Mass.....	8,302	497,835	59.97	-1.0	+1.2	-15.7	-9.1
Mich.....	20,967	1,685,216	80.37	+2.8	-2.0	+9.4	+27.2
Minn.....	5,295	308,616	58.28	-2.4	-8	-3.4	+2.1
Miss.....	941	13,368	14.21	+1.3	+2.2	+4.0	+2.2
Mo.....	6,806	334,810	49.19	-4.8	-5.8	+4.0	+5.8
Mont.....	545	19,444	35.68	+16.0	+22.0	-20.8	-19.3
Nebr.....	1,086	38,631	35.57	+4.5	+2.0	-10.6	-15.1
Nev.....	330	10,900	32.99	-	-	-	-
N. H.....	863	40,732	47.20	+1.3	+6	+7.1	+5.4
N. J.....	7,025	613,203	87.29	-4	+2.0	+10.3	+21.0
N. Mex.....	422	15,495	36.72	0	(9)	+26.3	+57.9
N. Y.....	102,436	1,994,981	80.98	-1.9	+3	+5.4	+10.1
N. C.....	2,417	57,469	23.78	-1	+6	-3.4	-3.2
N. Dak.....	238	11,358	47.72	-14.1	-3.2	-14.7	-5.8
Ohio.....	27,472	1,496,966	54.49	+9	+1.4	+1	+9.9
Okla.....	7,273	96,954	13.33	+4.8	+2.4	-5.5	-20.1
Oreg.....	3,500	208,131	59.46	-	+1.8	-	+19.7
Pa.....	21,179	1,342,407	63.38	-1.3	-2.1	-4.3	-3.8
P. R.....	1,932	12,783	6.62	+9.6	+5.5	+115.4	-22.6
R. I.....	3,105	208,788	67.24	-12.6	-9.5	+3.4	+1.5
S. C.....	1,532	35,635	23.26	-2.3	-2.0	-7.2	-7.9
S. Dak.....	863	30,739	35.62	-7.4	-2.9	-16.7	-14.9
Tenn.....	2,308	38,921	16.86	+3.2	+5.1	+22.3	+18.9
Tex.....	9,200	228,000	24.78	-	-	-	-
Utah.....	1,426	83,438	58.51	-9.7	-11.8	-2	-1.5
Vt.....	1,100	51,000	46.36	-	-	-	-
V. I.....	130	2,520	19.38	+4.0	+3.9	+7.4	+8.8
Va.....	1,731	62,897	36.34	+3	+6	-3.2	+2.5
Wash.....	10,296	707,526	68.72	-1.3	-2.4	+12.7	+20.1
W. Va.....	2,102	70,427	33.50	+3.2	+1.9	-20.5	-13.5
Wis.....	6,597	505,067	76.56	-1.5	+1.1	+2.3	+9.4
Wyo.....	243	12,348	50.81	-10.0	-6.5	+10.5	+11.2

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Partly estimated; does not represent sum of State figures because total excludes for Indiana and New Jersey an estimated number of cases receiving medical care, hospitalization, and burial only and payments for these services. Excludes Idaho; data not available. Percentage changes based on data for 52 States.

³ State program only; excludes program administered by local officials.

⁴ About 9 percent of this total is estimated.

⁵ Partly estimated.

⁶ Includes an unknown number of cases receiving medical care, hospitalization, and burial only, and total payments for these services.

⁷ Not computed; data not comparable.

⁸ Estimated.

⁹ Increase of less than 0.05 percent.

¹⁰ Includes cases receiving medical care only.

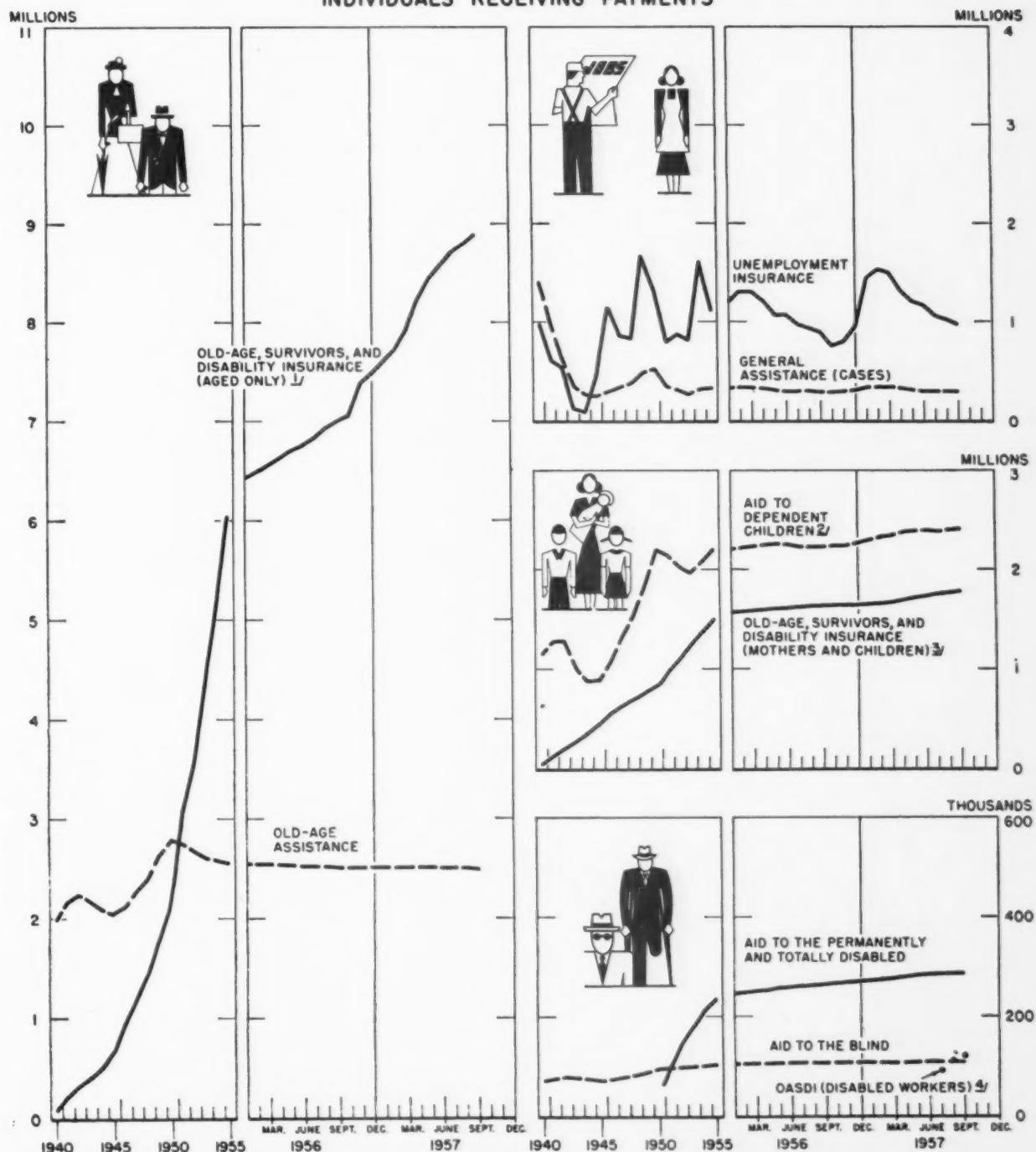
¹¹ Includes 7,027 cases and payments of \$224,697 representing supplementation of other assistance programs.

¹² Includes cases and payments under the general assistance and emergency assistance programs; some cases received assistance under both programs.

¹³ Estimated on basis of reports from sample of local jurisdictions.

Social Security Operations*

INDIVIDUALS RECEIVING PAYMENTS



* Old-age, survivors, and disability insurance: beneficiaries receiving monthly benefits (current-payment status); annual data represent average monthly number. Public assistance: monthly number of recipients under all State programs; annual data, average monthly number. Unemployment insurance: average weekly number of beneficiaries for the month under all State laws; annual data, average weekly number for the year.

¹ Receiving old-age, wife's or husband's, widow's or widower's,

or parent's benefit. Beginning September 1950 includes a small proportion of younger wife beneficiaries with child beneficiaries in their care.

² Children plus 1 adult per family when adults are included in assistance group; before October 1950 partly estimated.

³ Beginning January 1957, includes some persons receiving "childhood disability" benefits.

⁴ Disabled workers aged 50-64.

NOTE: Data for payments and data for individuals receiving payments appear in alternate months.

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